 LITTLE STRUMMERS REGISTRATION FORM

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| **Students Name:** | **Date of Birth:** |
| **School:** | **School Year:** |
| **Please give brief instrumental and music experience to date:** |
| **Your Name (Parent/Guardian):**  |
| **Home & Mobile Number:** |
| **Address:** |
| **Please provide details of any illness, allergies, special needs or medication:** |
| **Please provide contact details in case of emergency:** |
| **Signed:**  | **Date:**  |

Please complete and return this form to Little Strummers in advance of first lesson, Thank you.

Little Strummers Ltd / Head Office - Karibu, Coombe Lane, Hughenden Valley, Bucks HP14 4NX,

[www.littlestrummers.com](http://www.littlestrummers.com)