

CHARLOTTE PASS CELTIC MUSIC CAMP REGISTRATION FORM

Email to: *jo@jocresswell.com*



CONTACT DETAILS:

Participant Name: _____

Email: _____

Contact Phone Number: _____

Gender for room share: _____ Age if under 25: _____

CLASS DETAILS:

Instruments played: _____

What instrument(s) will you be playing in class?: _____

Is your ear learning style FAST or SLOWER: _____

Will you be attending:

On your own? Y/N With friends/partner? Y/N _____

With workshop attending partner? Y/N (name) _____

With non workshop attending partner? (Y/N) _____

ACCOMMODATION DETAILS:

Preferred Room: DOUBLE OR TWIN with _____

FAMILY ROOM with: _____

SINGLE ROOM

DIETARY REQUIREMENTS – Please specify : _____

ADDITIONAL INFORMATION ORGANISERS SHOULD KNOW?
