

Stringmoves

APPLICATION FORM

Please complete and return this form to:
Celia Cobb, St John's College School, 63 Grange Road, Cambridge CB3 9AA

Child's Name

Child's Date of BirthChild's Age:.....

Current School*

Name of Head Teacher

Address of School

Name of Parent/Guardian

Address

Post Code

Tel. No. (day)Evening.....

Mobile

Email address

Where did you hear about Stringmoves?

Please do not send any money with this form. The limited number of places means that we cannot guarantee admission to the course. You will be invoiced when we are able to confirm a place on the course.

** It may be helpful to a child's school to know of his or her involvement in the project but parental permission will be sought before any contact is made.*

Signed Date