

# Stringmoves

## APPLICATION FORM

Please complete this form electronically or print and scan, then return to:  
Celia Cobb, Director of Stringmoves – [ccobb@sjcs.co.uk](mailto:ccobb@sjcs.co.uk)

Child's Name .....

Child's Date of Birth ..... Child's Age .....

School .....

Name of Parent/Guardian .....

Address .....

Post Code .....

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

Mobile .....

Email address .....

Where did you hear about Stringmoves? .....

Please tick to confirm that you have read the [St John's College School privacy policy](#) ☐

*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.*

Signed ..... Date .....