

York Young Fiddlers

www.yorkyoungfiddlers.org.uk

Event		Date of Event	
Name of Participant		Date of Birth	Age
Postal Address		Post Code	
Name of Parent(s) or Legal Guardian		Mobile Phone No(s)	
E-mail Address Contact			
Main Instrument	Teacher	Standard/level	
Other Instruments	Teacher	Standard/level	
Has your child been to a YYF event before?		Yes/No	
How did you first hear about YYF?		Friend/Leaflet/Website/ Advert/Other	

Any allergies or other medical problems that we should know about?	No / Yes (please state)
We like to take photos/video of the events for our website and publicity - we use these without names attached. Do you consent to this?	No / Yes
We like to keep your contact details and e-mail addresses on a database so we can contact you. We will not pass these details to others. Do you consent to this?	No / Yes

Fee Payable	
Any supplementary fees (see website & leaflets)	
Total Amount Payable	