

Mini Music Makers

Booking Form

Location of class: Time of class:

Parent's name:

Address:

.....

.....

Postcode:

Telephone:

E-mail:

Please reserve me place(s) for the course starting on:

Name of child 1:

Child's age: Date of birth:
(in months for under 2's)

Name of child 2:

Child's age: Date of birth:
(in months for under 2's)

*We often take photographs and videos of our activities. Please tick this box if you **DO NOT** wish NYCoS to use photographs or videos of you in our publicity and/or on our website:*

If you would like to be added to the NYCoS mailing list please tick this box:

I enclose a cheque made payable to **NYCoS** for £
or if you would prefer to pay by debit/credit card please phone the NYCoS office

Please return this form and your cheque to:

Assistant Projects Administrator,

NYCoS, The Mitchell, North Street, Glasgow G3 7DN

Telephone: 0141 287 2943 e-mail: catherine.williams@nycos.co.uk

National Youth Choir of Scotland, The Mitchell, North St, Glasgow G3 7DN

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