



South West Coast Piper Drummer Dancer



Beginner Pipes / Drums Registration Form

13th, 14th & 15th April 2019

NAME:

ADDRESS:

TOWN:..... STATE:..... POSTCODE :.....

PHONE: MOBILE:.....HOME:

EMAIL:

AGE: (if under 18): MALE: FEMALE:

EMERGENCY CONTACT PERSON:.....

PHONE: (MOBILE).....(HOME) (WORK).....

MEDICAL INFORMATION:

Do you have any allergies or other medical conditions that we need to be aware of? YES NO

If yes, please provide details

Please tick one of the following: Drummer Piper

I will be attending on: Saturday 13th Sunday 14th Monday 15th

Please indicate numbers attending - Sunday Night Ceilidh ____ & Monday BBQ ____

Signature of Student/Participant:*

If under the age of 18 who will be responsible for you while attending the workshop.

NAME: MOBILE:.....

Signature of Parent or Guardian:

* NOTE: A condition of entry/participation is that you consent to your photographs/video footage/written or spoken comments to be used by South West Coast Piper Drummer Dancer or Warrnambool & District Pipes & Drums Inc. for educational or promotional purposes. Warrnambool & District Pipes & Drums Inc. reserves the right to alter the program and/or tutors dependent on availability & student numbers.

Registration Fee: \$80.00 **Non-refundable deposit: \$40.00**
(Includes all beginner classes as described on the information flyer)

Please make cheque payable to: **EFT details: New Account Details**
WADPADI – Workshop Account WADPADI – Workshop Account
BSB: 633-000
Account No: 156354870
(Please use your name as reference)

Please mail your registration form with deposit or full payment to:
Workshop Administrator
WADPADI
P.O. Box 618
Warrnambool Vic 3280

Any enquiries please contact: Michelle Riches 0409 131 113
Peter Moir 0400 676 459
Or email swcpdd@icloud.com

Saturday Night Tutor Recital:
\$10 per person or \$20 per family
(Family - 2 Adults & 4 Children)

Number of Tickets Required: ____

Payment Received:
Workshop \$ _____
Recital Tickets \$ _____
Donation \$ _____
Total \$ _____

Cheque Cash EFT

Cheque Number _____
Date Received _____
Balance Owing _____