



# LONDON ROCK ACADEMY™

Please complete and return [including £75 deposit] to:  
LONDON ROCK ACADEMY  
PO BOX 385  
TWICKENHAM TW1 9EL

## STUDENT DETAILS

Surname \_\_\_\_\_ Forenames \_\_\_\_\_ Sex M  F

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Academic school attended \_\_\_\_\_

How did you first hear about the LONDON ROCK ACADEMY™? \_\_\_\_\_

## PARENT OR GUARDIAN

Surname \_\_\_\_\_ Forenames \_\_\_\_\_ Mr  Mrs  Ms  Miss

Address [if different from above] \_\_\_\_\_

Postcode \_\_\_\_\_

Daytime Tel number \_\_\_\_\_ Mobile number \_\_\_\_\_

e-mail \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Alternative contact number [please give the name of a Friend or relative]

Surname \_\_\_\_\_ Forenames \_\_\_\_\_ Mr  Mrs  Ms  Miss

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel number \_\_\_\_\_ Mobile number \_\_\_\_\_

Relationship to Student \_\_\_\_\_

## PLEASE GIVE DETAILS OF ANY MUSIC TRAINING OR EXPERIENCE TO DATE

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**MUSICAL BACKGROUND, ABILITY AND EXPERIENCE**

What instrument do you play?    Guitar     Bass Guitar     Drums     Singing     Keyboards

How many years have you been playing? \_\_\_\_\_

Can you read music / notation? \_\_\_\_\_

Can you read tab / chords? \_\_\_\_\_

Please state grade(s) (if applicable) \_\_\_\_\_

**MUSICAL PREFERENCES**

Please state your preferred rock style [if any] \_\_\_\_\_

Please state your 4 favourite rock bands

a	<input type="text"/>	b	<input type="text"/>
c	<input type="text"/>	d	<input type="text"/>

**COURSE PREFERENCE**

Please select your preferred course option

Course A - Performing/Ensemble Rock Band Skills	<input type="checkbox"/>
Course B - Composing/Song-writing Rock Band Skills	<input type="checkbox"/>
Course C - Comprises both A and B components	<input type="checkbox"/>

**LESSON ALLOCATION**

Please state your 3 preferred lesson-times each Saturday

10.00 am - 11.00 am <input type="checkbox"/>	12.30 pm - 1.30 pm <input type="checkbox"/>	3.00 pm - 4.00 pm <input type="checkbox"/>
11.15 am - 12.15 pm <input type="checkbox"/>	1.45 pm - 2.45 pm <input type="checkbox"/>	4.15 pm - 5.15 pm <input type="checkbox"/>

**Additional Note:** If you wish to join with friends, please state their **name, age** and **instruments** below. They must also complete and return an application form if they wish to attend the course. [Please continue on a separate sheet if necessary]

Name \_\_\_\_\_ Age \_\_\_\_\_ Instrument \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Instrument \_\_\_\_\_

**IS THERE ANY MEDICAL CONDITION OR OTHER CIRCUMSTANCE WHICH WE NEED TO KNOW ?**

No     If Yes, please give details  \_\_\_\_\_

**PAYMENT METHOD**

Please tick payment method    Bank transfer     Cheque     Cash

Cheques made payable to LONDON ROCK ACADEMY

Bank Transfer: Sort Code - 30-97-06, Account Number - 01667296 (Please state your surname as a reference)

Places on any course cannot be guaranteed until the balance of fees has been submitted.

**Refund Policy:** Owing to the limited number of places on all courses the academy is unable to offer refunds after the course has commenced. In exceptional circumstances, a leave of absence may be granted; such permission is granted at the discretion of the management of LONDON ROCK ACADEMY™.

**Cancellation:** In the case of cancellation the registration fee is non-refundable.

**Payment of Fees:** The balance of fees for each term is payable on week 2 of term. If for any reason it is not possible to make payment by this date, the academy must be notified immediately as places cannot be guaranteed until full payment is received. LONDON ROCK ACADEMY™ reserves the right to adjust or modify any information on this form as the need arises.

I have read and understood the terms and conditions of LONDON ROCK ACADEMY™'s policy with regard to refunds and cancellations.

Signed

Date