



GOSPEL CHOIR REGISTRATION FORM

To register for the GOSPEL CHOIR, please complete this form and return to the address below **by Wednesday 17th February 2010 with a cheque for £23.50 made payable to RWCMD:**

Events Office
Royal Welsh College of Music & Drama
Castle Grounds
Cathays Park
Cardiff
CF10 3ER

Title	
Surname	
Forename(s)	
Date of birth (if under the age of 18)	
Name of parent/carer (if under the age of 18)	

Address			
Postcode			
Telephone number		Mobile number	
Email address		Emergency contact	

Do you have any special needs? If 'yes', please give details below

--

Previous musical experience is not required to join the Gospel Choir. However, if you have music experience you would like to tell us about, please complete the section below

--

Under the Data Protection Act 1998, I give my consent to the storage and processing of the above information for academic and administrative purposes, including the disclosure of the information to external bodies as may be required by the college's statutory obligations.

Signature of participant

_____ Signed _____ Date

Signature of parent/carer (if participant is under the age of 18)

_____ Signed _____ Date