



UKULELE TASTER DAY

Name:

I would like to come to:

Session 1

Session 2

Emergency Contact Number.....

Any Medical Condition we need to be aware of.....

.....

Parent/Guardian signature.....

Please return, by 1st November, to Sue Hallows, Northallerton Music Centre
Manager, c/o Bedale High School, Fitzalan Road, Bedale, North Yorkshire
DL8 2EQ