## **NYJC Young Musicians Programme**



Please fill out the application and post or bring to the Kings Place Box Office. Please include your cheque or a copy of relevant documents to support your application for a free place for your child. Postal Address: Box Office Team, Kings Place Music Foundation, 90 York Way, London, N1 9AG

First name:     Surname:       Address:	
Postcode: Telephone: Mobile: Email: Date of birth: Day: Month: Year: Age: Gender: Male Female	
Instrument played:	
Level / grade: (please remember you need to have your own instrument)	
Where did you hear about the NYJC Young Musicians Programme?	
I would like to reserve a place on the following programme (tick relevant box)         Sunday programme £30       Summer programme £40         (21 <sup>st</sup> March, 9 <sup>th</sup> May, 6 <sup>th</sup> June)       (26 <sup>th</sup> - 29 <sup>th</sup> July)         Both programmes £60         Payment         I enclose a cheque for £30 / £40 / £60 (circle the relevant amount). Please make cheque payable to <i>Kings Place Music Foundation</i> .         I would like to apply for a free place for my child and include a copy of the relevant documents which prove that I am unemployed.	ıes
<ul> <li>Please tick the box if you have any special requirements.</li> <li>I would like to receive information from Kings Place on future education / family events performances.</li> </ul>	/
<ul> <li>You will receive an email confirming your place on the programme.</li> <li>Tickets can be collected on the day of the programme.</li> </ul>	