



WAKEFIELD Rock & POP ACADEMY

Application Form

* Name of Applicant:

* Date of Birth

* Age:

* Address:

* Contact Phone Number:

* Parent's E-mail Address:

* Child's E-mail Address:

* Name of Parent / Guardian:

Please give details of any illness, allergies, medication, etc that your child has which might be relevant:



* What school do they attend?

* What instrument do they play if any?

* How long have they been playing?

* Applicant's Five favourite bands:

PLEASE PRINT & RETURN FORM TO:

**DIAMOND STUDIOS
SUITE A
MOOR PARK BUSINESS CENTRE
THORNES MOOR RD
WAKEFIELD
WF2 8NZ**

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