



**ALISON McNEILL**  
**FIDDLE WORKSHOPS**  
**2009**

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**APPLICATION FORM – EASTER**  
**WEEKEND FIDDLE WORKSHOP**

NAME:

ADDRESS

TEL: \_\_\_\_\_ MOB:

EMAIL:

EMERGENCY CONTACT (Name and number):

**FIDDLE BACKGORUND**

GRADE

WORKSHOPS ATTENDED

Do you have any food allergies or requirements?

Do you require transport from the Western Ferry?

I agree to pay in full the cost of the workshop by the first day of the course.

Signature \_\_\_\_\_ Date