

BOOKING FORM

String Ensemble Course with the Chilingirian Quartet,
Wednesday, 15 April – Saturday, 19 April 2020

Please return completed form to:
Bookings Office, West Dean College, West Dean, Chichester,
West Sussex, PO18 0QZ
email: bookingsoffice@westdean.org.uk Tel: 01243 818300

FOR OFFICE USE	
Room:	ID:
VPS:	Amount:
Invoice No:	

Please complete one booking form for each student in your ensemble. Students must be over 18.

NAME OF QUARTET/ENSEMBLE:

Main contact and email for your group:

YOUR DETAILS (BLOCK LETTERS PLEASE):

First Name _____ Surname _____

Address: _____

_____ Postcode: _____

Telephone: _____ Email: _____

Male Female Date of Birth _____ ... Nationality: _____

DATA PROTECTION PROMISE

We respect your privacy and will not sell your details. We will use this information to carry out our obligations arising from your booking with us, to notify you about changes to our courses and to seek your feedback. For details of how we use data please refer to our Privacy Statement. www.westdean.org.uk/privacy

I'd like my confirmation emailed posted

YOUR ACCOMMODATION REQUIREMENTS RESIDENT STUDENT NON RESIDENT STUDENT

STANDARD ROOM WITH ENSUITE OR ADJACENT PRIVATE BATH/SHOWER SINGLE *TWIN

SUPERIOR ROOM WITH ENSUITE BATH/SHOWER SINGLE *TWIN

Please select preference: MAIN HOUSE (bath, shower or bath/shower) VICARAGE (bath/shower)

* Twin occupancy Sharing with (Name) _____ Resident only Attending course

SPECIAL NEEDS/DISABILITY

Please refer to the table below and enter in the box the code which is most appropriate to you:

- | | |
|---------------------------------|--|
| A. I do not have a disability | F. I have mental health difficulties |
| B. I am dyslexic | G. I have unseen difficulties, e.g. diabetes, asthma, epilepsy |
| C. I am blind/visually impaired | H. I have two or more of the above/special needs |
| D. I am deaf/have a hearing aid | I. I have a disability not mentioned above |
| E. I am a wheelchair user | |

DIETARY REQUIREMENTS (allergies or prescribed medical diets) Please detail _____

How did you hear about this course? _____

PAYMENT DETAILS – FULL PAYMENT is due on acceptance to the course

BY CHEQUE I ENCLOSE A CHEQUE FOR £ _____ (PAYABLE TO THE EDWARD JAMES FOUNDATION LTD)

BY CARD AMEX/MASTERCARD/VISA/DEBIT PLEASE CHARGE MY CARD BELOW WITH £ _____

I agree to the Terms and Conditions online at www.westdean.org.uk/study/short-courses

SIGNED _____ DATE _____

CARD NO Security No.

Name (as on card) _____ Issue no: If applicable

Valid from (as on card) / Expiry date (as on card) /