

Peppercorns Music Academy Membership Form

Member Details

Member Name: _____

DOB: _____ Mobile No. (18+ only): _____

Daytime School/College: _____

Any Health Issues we should know about?

Parent/Guardian Contact Details

Name: _____

Address: _____ Postcode: _____

Phone Number: _____ Mob: _____

Email Address: _____

More about the Member

Activity/Activities you are joining:

Music Lessons _____ Steve _____ Caroline _____ Simon _____ Emma _____

Wednesday
Theatre/Film

Friday
Theatre/Film

Sunday
Theatre/Film

Peppercorns Junior
Choir (Sundays)

Musical
Fitness

Peppermints
Dance Group

Technical
Workshops

Pepperpots age
3-6 Group

Artistic Experience (if any) e.g any shows performed, musical instruments played etc.

Print Name: _____ Sign: _____