

Three Medieval Tenors

APPLICATION FORM

Please complete all details below in BLOCK CAPITALS and send the form with your payment to Cambridge Early Music, 23 King Street, Cambridge CB1 1AH, United Kingdom. You are advised to apply as early as possible, as places are limited.

Name: _____

Address: _____

Home telephone: _____ Mobile number: _____

E-mail (*please print clearly*): _____

Date of birth: / /

Voice: Soprano Mezzo Alto Tenor Baritone Bass

Please tick your voice part.

Solo opportunities may be available: I am prepared to sing solo: Yes No

Details of voice range and singing experience:

How do you hear about the workshop?:

Do you have any medical conditions or allergies?:

Please answer each of the following questions (with a tick as appropriate):

- I give permission for photographs and/or video footage of the workshop to be used for the basis of a final report to the AHRC and in CEM publicity
- I give consent for my contact details to be held by CEM. They will be used to inform you about other educational activities
- I enclose a cheque for £..... (£18 per participant) payable to **Cambridge Early Music**.

Signed: _____ Date: _____