



Booking form

Title and Full Name(s)
Address

Telephone
Email
Membership no.

	Course A	Course B		Course A	Course B
Course Title			Room Type *		
Course Code			Single or Double?		
Instrument/Voice			Sharing with <small>(name)</small>		
Standard			Room supplement <small>(No of nights x nightly rate)</small>	£	£
Start Date			Total Supplements Paid		£
Deposit/Fee	£	£			
Total Deposits Paid		£			

Vegetarian. Please inform us of other dietary needs or allergies

* Standard or En suite, subject to availability. For rates see our brochure.

Please enclose a cheque made payable to Benslow Music Trust or complete the credit card details below:

Please debit my Visa Debit Maestro Visa Credit** MasterCard

Card number

Valid from Expiry date Security no. Amount £

Name and address of cardholder if different from course applicant

Signature

Date