

REGISTRATION

Please write in block letters

Course Number and Teacher

First Name

Last name

Male Female Date of birth.....

Street.....

Suburb.....City.....

Country.....

E-mail.....

Phone.....Mobile phone

Please enclose with this form:

- Your payment details (compulsory application fee of NZ\$70 plus 50% of the course fee, see page 12 for details)
- A musical CV and your course repertoire

Payment may be made by cheque, direct credit or credit card (visa or mastercard only)

I have enclosed a cheque made out to the **Jardin Musical Trust** to the amount of NZ\$_____

I wish to pay by credit card: **Amount:** NZ\$_____

No. Card Type: VISA MASTERCARD

Name on card: _____ Expiry date: ___ / ___

I wish to pay by direct credit. I have deposited NZ\$_____ into the below bank account.

Bank Account number: 02-0874-0044047-000 Reference: Akaroa Festival

I acknowledge and agree to abide by the terms and conditions of the International Akaroa Music Festival.

Date/Signature: _____

Please send to:
 Akaroa Music Festival
 P.O. Box 79157
 Avonhead,
 Christchurch 8446
 NEW ZEALAND