

Ukulele Club

Application Form

Cardinal Newman Ukulele Club

Wednesdays After School - 3:20pm-4:00pm

Child's Name: _____ Year Group: _____

Date of Birth: ____/____/_____

Medical Conditions (please specify allergies and other requirements):

Parent/Guardians Contact Mobile: _____

Parent/Guardians Contact Email: _____

Ukuleles provided are the School's property and must be respected at all times.

Signed: _____