

Application form 2010

1 Name:

Date of Birth (year, month, day):

Address:

Postcode: Country:

Telephone: E-mail:

Billing address, if different from above:

.....

2 Course applied for:

- STANDARD COURSE, Vara** March 21-28. Apply before February 22th.
- CONTINUATION COURSE, Framnäs** July 4-11. Apply before May 24th.
- MINI-COURSE, Åsa** September 6-19. Apply before August 20th.
- CONTINUATION COURSE, Åsa** September 6-19. Apply before August 20th
 - MUSIC THEATER
- MINI-COURSE, Furuboda** November 1-4 november. Apply before October 1st.

3 Do you sing or play an Instrument?

Yes No Which Instrument.....

4 Diet: All Vegetarian Other:

5 Do you have other experience from dance, music, theater or art?

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6 Please give us short information about your possible disability:
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.....
.....

7 Do you use a wheelchair? Yes, manual Yes, electric No

8 Will you be accompanied by a personal assistant or carer? Yes How many No
If Yes, the assistant also needs to fill out an application form.

My Personal Assistant's name

9 *If No*, Do you wish a course companion? Ja Nej
(another course participant to help you)

10 Please describe why you are applying to the course
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.....

11 Current occupation/employment?
.....
.....

12 Please give us the name, phone and e-mail to a person that knows you well, who we may contact
.....

Sent the application to

Share Music Sweden

Box 56

SE-563 22 Gränna