



# Lancaster Community Music Trust

c/o 4 Fairfield Close, Lancaster, LA1 5NT

e-mail: [info@lcmt.org.uk](mailto:info@lcmt.org.uk)

## FAMILY REGISTRATION FORM

### MAIN ADULT CONTACT DETAILS

Full name ..... DOB .....

Address .....

Occupation  
(optional) .....

Telephone no: ..... Email .....

LCMT processes your personal data in order to grant you access to the Centre and to provide you with the best possible service. For further information, please see our Privacy Policy on our website or in the registration desk file.

### FAMILY MEMBERS (including main contact = 0)

No	First name(s)	Surname	DOB	School (if applicable) (optional)
0				
1				
2				
3				
4				

### ACTIVITIES

No	Ensemble(s)	Instrument(s)	Individual tuition - teacher name	Lesson length(s)	Exams passed
0					
1					
2					
3					

Subscription status (Full or Discounted) .....

Are you able to provide assistance with the running of the Centre? .....

How did you come to hear of the Centre? .....

☐ Please tick here if you would like to be added to the alumni list so that, when you leave the Centre, you can be kept up to date about special news and events. We will not use your data for any other purpose. For more information, see our Privacy Policy on our website.

☐ Please tick here if you consent to Lancaster Community Music Trust using photographs of you / your child (delete as appropriate) while performing or taking part in Music Centre activities and performances for marketing purposes.

PLEASE NOTE THAT ALL CHILDREN OF PRIMARY SCHOOL AGE MUST BE ACCOMPANIED BY A PARENT/GUARDIAN WHILST AT THE MUSIC CENTRE – WE ARE NOT 'IN LOCO PARENTIS'.

Signature of Main Adult Contact

Name (print)

Date

Centre use

ID no

Date entered to database