

## Readipop – Booking Form

Please print, complete and return one of these forms for each participant.

### Participant Details:

**Name:** \_\_\_\_\_  
**Age:** \_\_\_\_\_  
**Name of Band/crew:** \_\_\_\_\_  
(If appropriate)  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Postcode:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Any special needs / disabilities that we should be aware of?** \_\_\_\_\_

### Please tell us a little about your music interests/experience?

**Main Instrument:** \_\_\_\_\_  
**Other Instruments:** \_\_\_\_\_  
**Do you sing/rap?** Yes / No / A Bit  
**What music are you into?** \_\_\_\_\_  
**Do you think of yourself as:** Beginner / Intermediate / Advanced  
**How long have you been playing/singing?** \_\_\_\_\_  
**Have you had any formal lessons?** Yes / No  
**Anything else music related that it would be useful for us to know?** \_\_\_\_\_  
**How did you hear about this project?** \_\_\_\_\_

Readipop will only use this information for the administration of their projects to ensure it is tailored to your needs.

### Parent/Guardian permission / contact (if under 18)

I confirm that the applicant can take part in the Readipop project below.

**Name:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Relationship to participant:** \_\_\_\_\_  
**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Mailing list

Please tick this Box  if you do not want to be added to the Readipop mailing list. We will only contact you about similar opportunities and won't pass your details on to any third parties.

### Workshop Details

**Workshop Name(s):** \_\_\_\_\_  
**Date(s):** \_\_\_\_\_

### Payment details

**Sub Totals: £** \_\_\_\_\_  
**Cheque Included for (Total amount):**  
**£** \_\_\_\_\_

\* For Discounted bookings please complete the Gift Aid Declaration below, optional for other bookings.

Please return your completed form along with a cheque for the above amount, made payable to "Readipop", and send it to:

**Please return your completed form:**  
**Readipop**  
C/o Plug n Play Studios  
33 – 35 Milford Road  
Reading, RG1 8LG



## Gift Aid declaration

Please treat

- The enclosed gift of £\_\_\_\_\_ as a Gift Aid donation; **OR**  
 All gifts of money that I make today and in the future as Gift Aid donations; **OR**  
 All gifts of money that I have made in the past 6 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

*Please tick the appropriate box*

*You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the charity or Community Amateur Sports Club will reclaim on your gifts for that tax year.*

### Donor's details

Title:

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Initial(s):

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Surname:

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Home Address:

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Postcode:

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Date:

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### Please notify the charity or CASC if you:

1. Want to cancel this declaration.
2. Change your name or home address.
3. No longer pay sufficient tax on your income and/or capital gains.

### Tax claimed by the charity or CASC

- The charity or CASC will reclaim 28p of tax on every £1 you gave up to 5 April 2008.
- The charity or CASC will reclaim 25p of tax on every £1 you give on or after 6 April 2008.
- The Government will pay to the charity or CASC an additional 3p on every £1 you give between 6 April 2008 and 5 April 2011. This transitional relief for the charity or CASC does not affect your personal tax position.

**If you pay income tax at the higher rate**, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.