

SUMMER SONGWRITING WORKSHOP JULY 9th to 13th, 2018

APPLICATION FORM : Please Print Clearly

FAMILY NAME : _____

FIRST NAME : _____

ADDRESS : _____

COUNTRY / POSTAL CODE : _____

TELEPHONE : _____

EMAIL : _____

Please tick one of the following :

- SINGER-SONGWRITER (GUITARIST / PIANIST) circle one
- SINGER - LYRIC WRITER
- SINGER - MUSIC WRITER
- LYRIC WRITER ONLY
- MUSIC WRITER ONLY

HOW LONG HAVE YOU BEEN WRITING SONGS ? _____

DO YOU HAVE A WEBSITE / FACEBOOK WITH EXAMPLES OF YOUR WORK?

WHAT DO YOU HOPE TO ACCOMPLISH DURING THE COURSE? _____

PLEASE SEND IN THIS FORM ALONG WITH A CHECK OR AN
INTERNATIONAL MONEY ORDER MADE OUT TO **ZAP MUSIC** FOR 60
EUROS TO THE FOLLOWING ADDRESS :
ZAP MUSIC ASSOCIATION
13, PASSAGE DES SOUPIRS
75020 PARIS, FRANCE

ZAP MUSIC CONTACT : JOHN MELDRUM
TEL : 0033 (0)1 43 58 39 71 / 0033 (0)6 12 23 23 99
EMAIL : asso.zapmusic@gmail.com

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FOR THE SONGWRITERS WORKSHOP GROUP. IN CASE OF REFUSAL, YOUR APPLICATION FEE WILL
BE REIMBURSED ;