



# Louise Ryan Vocal School

## LRVS Application 2009

NAME:

D.O.B.

Tel.No.

ADDRESS:

SCHOOL ATTENDED :

SINGING TEACHER :

DURATION OF TRAINING :

EXPERIENCE – VOCAL (e.g. examinations, previous solo or ensemble performance, eisteddfod experience etc)

EXPERIENCE – DRAMA (e.g. As above plus youth theatre, school productions etc.)

OTHER (Any other interesting information about yourself, like reasons for applying, special talents or hobbies, dance experience, other musical instruments etc.)

Please return this completed application to:  
Louise Ryan Vocal School, PO Box 4232, Cardiff CF14 8ER.

You should receive an acknowledgement of this application within 2 weeks. If not, please inform Louise on: [louise@louiseryanvocalschool.co.uk](mailto:louise@louiseryanvocalschool.co.uk)