



Lancaster Community Music Trust

c/o 4 Fairfield Close, Lancaster, LA1 5NT
e-mail: 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)

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

ACTIVITIES

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

Subscription status (Full, Discounted or Exempt)

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

<u>Centre use</u>	ID no	Date entered to database
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Charity Gift Aid Declaration

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation (i.e. your membership subscription) you must tick the box below:

I want to Gift Aid my donation* of £_____ and any donations I make in the future.

[* this is your termly amount]

Name of Charity: Lancaster Community Music Trust

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signed _____ Date _____

My Details

Family ID _____

Title _____

First name or initial(s) _____

Surname _____

Full home address _____

Postcode _____

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.