

# MASTERCLASS APPLICATION FORM

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3



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# MASTERCLASS APPLICATION FORM

## YOUR DETAILS

Name

Address

Postcode

Date of Birth

Telephone/Mobile

Email

Instrument/Voice

Tutor

Standard

## PERFORMANCE DETAILS

What would you like to perform

1st Choice

2nd Choice

Performance Experience

**PLEASE  
RETURN YOUR  
FORM TO:**

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**EDUCATION  
DEPARTMENT**

**ULSTER HALL  
BEDFORD ST  
BELFAST  
BT2 7FF**

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