



APPLICATION FORM

Please cut out and return completed form with payment to:

Cork Art Therapy Summer School
Crawford College of Art and Design
Sharman Crawford Street
Cork, Ireland



PERSONAL DETAILS

Name _____

Address _____

Email _____

Tel (home) _____ Tel (mobile) _____

Date of Birth _____ Occupation _____

Personal Qualifications (if any) _____

WORKSHOP OPTION PLEASE CHOOSE FROM THE FOUR OPTIONS OUTLINED

First Choice _____

Second Choice* _____

No preference (please tick here) ☐

**Although we will try to give applicants their first choice, allocations will be made on a first-come-first-served basis.*

I enclose a cheque/bank draft/postal order:

☐ €485 payable to Crawford College of Art & Design **or**

☐ €435 if booked before 24th May 2013 (limited to first 25 places. Please check availability)

Please note **your receipt is confirmation of a place** on the course. Letters will be sent out in June with further details.

Signature _____

OFFICE USE ONLY

☐ €435

☐ D/B

☐ €485

Rec.# _____

☐ Info sent

☐ O/S

Date _____