

SPRING 2010 REGISTRATION FORM

Student Name _____

1.) Teacher or Class _____ Length of Lesson _____

Preferred Lesson Day _____ Preferred Lesson Time _____

2.) Teacher or Class _____ Length of Lesson _____

Preferred Lesson Day _____ Preferred Lesson Time _____

Please provide a range of other available times _____

Are you interested in playing in a chamber group or ensemble? yes no If yes, please complete a Chamber Music Form.

PLEASE CHECK PAYMENT OPTION: Payment in full by 1/4/10. Registration fee waived.

Registration fee enclosed. Bill me in full later. Registration fee enclosed. Sign me up for the payment plan. (\$15 fee)

I understand that I am registering for the entire term and that I am responsible for the full amount of tuition for the term. I hereby agree to the reproduction of video footage and photographs of me and/or my family in school-related promotional material.

Signature: _____

Date: _____

For Office Use: Teacher _____	Deposit: \$ _____
Day _____ Time _____	Financial Aid: \$ _____

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