

SUMMER 2008 REGISTRATION FORM

Student Name _____

1.) Teacher or Class _____ Length of Lesson _____

Preferred Lesson Day _____ # of Lessons (4-8) _____ Preferred Lesson Time _____

2.) Teacher or Class _____ Length of Lesson _____

Preferred Lesson Day _____ # of Lessons (4-8) _____ 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 our Chamber Music form.

PLEASE CHECK PAYMENT OPTION: Payment in full by 5/15/08. Registration fee waived.
 Registration fee enclosed. Bill me in full later.

I understand that I am registering for the number of lessons indicated above and that I am responsible for the full amount of tuition for these lessons. I hereby agree to all 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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