



# SUMMER 2017

## Registration Form

Student's Name \_\_\_\_\_

Instrument: Drums Guitar Bass Guitar Piano Vocals

Date of Birth/Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Guardian #1 Name \_\_\_\_\_ Guardian#2 Name \_\_\_\_\_

Guardian #1 Cell Phone \_\_\_\_\_ Guardian #2 Cell Phone \_\_\_\_\_

Academic School \_\_\_\_\_ Grade \_\_\_\_\_

### Emergency Contact (If Guardians are not available)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please list any health concerns or classified learning results:

How long has the student studied music? \_\_\_\_\_ (# of years) Where? \_\_\_\_\_

Which instrument? \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

For Office Use Only

Lesson Day TUESDAY Lesson Time \_\_\_\_\_

Instructor \_\_\_\_\_ PAYMENT: \_\_\_\_\_

Sibling Discount \_\_\_\_\_ Dance Discount \_\_\_\_\_