

SUMMER Lesson Registration Form

Student's Name \_\_\_\_\_ Age \_\_\_\_\_  
(or Adult)

Parent Names \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail(s) \_\_\_\_\_

Phone: Primary \_\_\_\_\_

Work \_\_\_\_\_

Other \_\_\_\_\_

Student's Instrument \_\_\_\_\_

Choice of Teacher \_\_\_\_\_

Number of lessons \_\_\_\_\_

Length of lesson:  30 minutes (\$30)

45 minutes (\$45)

60 minutes (\$60)

Multiply the number of lessons by the cost of the lessons and enter the total amount: \_\_\_\_\_

Please return this form with your payment as soon as possible.

Students will be contacted by the teacher to arrange lessons at mutually convenient times. Any lessons which cannot be scheduled will be credited toward future tuition or refunded if fall tuition has been paid. Thank you!