



SUMMER REGISTRATION FORM FOR 2017

www.sherwoodparkmusic.com

Student's Name(s): 1. _____ M / F
(please circle gender) 2. _____ M / F
3. _____ M / F

Age(s): _____, _____, _____ Date(s) of Birth: _____, _____, _____

Contact Person: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Phone: (Home) _____ (Work) _____ (Cell.) _____

Programmes (Please circle): Private Lessons (\$149) Rock Band Week (\$179)
Fiddlin' Around (\$79) Learn to Improvise (\$79)

Private Lessons start Wednesday July 12th and Thursday July 13th for 6 weeks

Instrument(s): _____, _____, _____

Level(s) of Playing: _____, _____, _____

How did you learn about our establishment? _____

Signature: _____ Date: _____

I agree to all policies regarding no make-up lessons and no refunds of cancelled lessons after payment is made. (Also gives permission to email our customers and use photos for promotional purposes)

Guarantee of Registration

Form with fields: For Office Use Only, Program, Payment Received, Method of Payment, Teacher, Instrument(s), Day, Time, CC, Beginner/Regular checkboxes, Application Data Processed, Receipt Wanted, Yes/No, (Date Completed)

Comments: _____