



Registration Form (\$30 registration fee)

ADULT

Name of Student(s) _____

Address _____

Phone # _____ Cell # _____

Email _____

Primary Instrument _____

Prior musical study? _____

If yes, please list in detail:

Preferred appointment time? _____ Alternate time _____

The Academy policies are attached to this form, please read them and keep the policies for your reference. By signing this form, you are agreeing to the policies. Please be aware, no lessons will be taught unless paid in advance. Thanks!

Signature _____ Date _____