



## 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\_\_\_\_\_

