



## Community Ensemble

Name \_\_\_\_\_

Age group (circle one)

Middle School                    High School                    Adult

Phone number\_\_\_\_\_

Emergency contact/parent phone \_\_\_\_\_

Email address\_\_\_\_\_

Parent email address\_\_\_\_\_

10-week Spring session (Jan 20-Mar 24, 2026) \$188

Tuition may be paid by: **Check** made payable to Arco

**Zelle** @ 843 384 9039

**Venmo** @Dominique-Geer (photo is a blue and white logo)

Parents of students under 18, sign here \_\_\_\_\_ to permit  
your student to participate in this group.

Please return this completed form to [info@arcomusicacademy.com](mailto:info@arcomusicacademy.com)  
(phone photo accepted)