Arco Music Academy

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 Fall session (Sept 15-Nov 17 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 (phone photo accepted)