

## School of Music - Registration Form

Please mail this form with your check payable to School of Music to:

**School of Music**  
**100 Choral Drive**  
**Rutter, PA**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

What would you like to study at our school?

Instrument (Please Specify): \_\_\_\_\_

Voice

Music Theory

Lesson or class fee: \$ \_\_\_\_\_

Registration fee: \$ \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_

Payment Method:

Check Enclosed

Charge My Credit Card:  MC  VISA

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Account:  
\_\_\_\_\_

Signature:  
\_\_\_\_\_

Please list days and times during which you will be available for lessons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_