

REGISTRATION FORM

Please complete the following details and return by mail or in person to your first lesson.

Name:

Address:

..... Postcode:

Ph: H..... W..... M.....

Dependant Student Details (if applicable)

Student's Name:

Address (if different):

..... Postcode:

Phone (if applicable):

Parent(s) Name(s):

Instrument:

Term number (or part of term): 20.....

Preferred location for lessons:

Preferred day of week:

Preferred time slot: or:

PAYMENT DETAILS

Payment Method (Please appropriate box)

payment in person
and/or

payment by mail by:

cash \$

cheque \$

money order \$

Total Tuition Fees \$

TEACHER USE ONLY

Your Term:

Fees are:

Signature Date:/...../.....