

REGISTRATION FORM

Student Information

Name (please print): _____

School: _____ Grade: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Area/Instrument: _____ Number of years: _____

Current Instructor (if any): _____

Medical Concerns/Allergies (if any): _____

Emergency Contact: _____

Parent Information

Name (please print): _____

Address (if different than above): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Length of lesson you wish to sign up for _____ Fee per lesson \$ _____

The \$25.00 registration fee plus payment for one class must be made payable to DePauw University and submitted with this registration form. The balance should be paid directly to the instructor.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____