

A Lifetime of Music

REGISTRATION FORM

SEND TO (EMAIL / MAIL)

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STUDENT PERSONAL INFORMATION

FIRST NAME		LAST NAME		AGE
MAILING ADDRESS (# & STREET OR P.O. BOX)				
CITY		STATE		ZIP
HOME PHONE	MOBILE PHONE		Texting? Y N	WORK PHONE
EMAIL	INSTRUMENT (SELECT) VIOLIN VIOLA PIANO		STUDIO LOCATION (SELECT) WATERBORO SANFORD GORHAM	

PARENT / GUARDIAN 1 PERSONAL INFORMATION

FIRST NAME		LAST NAME		
MAILING ADDRESS (# & STREET OR P.O. BOX)				
CITY		STATE		ZIP
HOME PHONE	MOBILE PHONE		Texting? Y N	WORK PHONE
EMAIL				

PARENT / GUARDIAN 2 PERSONAL INFORMATION

FIRST NAME		LAST NAME		
MAILING ADDRESS (# & STREET OR P.O. BOX)				
CITY				
HOME PHONE	MOBILE PHONE		Texting? Y N	WORK PHONE

ADDITIONAL INFO, COMMENTS, REQUESTS