

A LIFETIME OF MUSIC
REGISTRATION (2015/16)

VIOLIN / VIOLA / PIANO

SEND TO:
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STUDENT PERSONAL INFORMATION

FIRST NAME	LAST NAME	AGE
MAILING ADDRESS (# & STREET OR P.O. BOX)		
CITY	STATE	ZIP
INSTRUMENT	(CIRCLE ONE) RENT / OWN	NEED INSTRUMENT YES / NO

PARENT / GUARDIAN 1 PERSONAL INFORMATION

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

PARENT / GUARDIAN 2 PERSONAL INFORMATION

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