

A Lifetime of Music

REGISTRATION FORM

Please download, fill in and save PDF prior to attaching & emailing.

STUDENT INFORMATION

FIRST NAME	LAST NAME	EMAIL	AGE
MAILING ADDRESS (# & STREET OR P.O. BOX)		CITY	STATE ZIP
HOME PHONE	MOBILE PHONE	TEXTING? <input type="checkbox"/> Yes <input type="checkbox"/> No	WORK PHONE
INSTRUMENT (SELECT) <input type="checkbox"/> Violin <input type="checkbox"/> Viola <input type="checkbox"/> Piano	STUDIO LOCATION (SELECT OPTIONS) <input type="checkbox"/> Waterboro <input type="checkbox"/> Sanford <input type="checkbox"/> Scarborough	NEED INSTRUMENT? <input type="checkbox"/> Yes <input type="checkbox"/> Buy <input type="checkbox"/> Rent <input type="checkbox"/> No	

PARENT / GUARDIAN 1 INFORMATION

FIRST NAME	LAST NAME	EMAIL
MAILING ADDRESS (# & STREET OR P.O. BOX)		CITY STATE ZIP
HOME PHONE	MOBILE PHONE	TEXTING? <input type="checkbox"/> Yes <input type="checkbox"/> No WORK PHONE
ADDITIONAL INFO, COMMENTS, REQUESTS		

PARENT / GUARDIAN 1 INFORMATION

FIRST NAME	LAST NAME	EMAIL
MAILING ADDRESS (# & STREET OR P.O. BOX)		CITY STATE ZIP
HOME PHONE	MOBILE PHONE	TEXTING? <input type="checkbox"/> Yes <input type="checkbox"/> No WORK PHONE
ADDITIONAL INFO, COMMENTS, REQUESTS		