

Sherwood Park School of Music
SUMMER REGISTRATION FORM FOR 2010
www.sherwoodparkschoolofmusic.com

Student's Name(s): _____

Age(s): _____ Date(s) of Birth: _____

Contact Person: _____

Address: _____ E-mail _____

City: _____ Postal Code: _____

Phone: (Home) _____ (Work) _____ (Cell.) _____

Programme (Please circle): Private Lessons (\$149) - Beginner Camp(\$129)
Violin Group Camp (\$69) - Orchestra for Violin(79)
Beginner Group Guitar (\$69) – Rock Band (\$199)
Music for Little Mozarts (\$149) – Improvisation Camp (\$89)

Starts Wednesday July 14th and Thursday July 15th for 6 weeks
(Check out our Website for more information)

Preference - Day and Time: 1) _____
2) _____

Instrument: _____

Level of Playing: _____ Teacher Requested: _____

How did you learn about our establishment? _____

Signature: _____ **Date:** _____
(Also gives permission to use email address)

Guarantee of Registration

<p><u>For Office Use Only:</u></p> <p><u>Programme:</u> _____ Beginner <input type="checkbox"/> Regular <input type="checkbox"/></p> <p><u>Payment Received:</u> Yes or No (Circle)</p> <p><u>Method of Payment:</u> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Interac <input type="checkbox"/> Credit Card</p> <p>Amount: _____ Teacher: _____</p> <p>Day: _____ Time: _____</p>	<p>Application Data Processed</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>Receipt Wanted</p> <p>Yes No</p>
---	---