

Sherwood Park School of Music
SUMMER REGISTRATION FORM FOR 2009
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.) _____

Programs: (Please circle): **Private Lessons** (\$149.00) / **Beginner Camp**(\$129.00)
Violin Group Camp (\$69.00) four – Adult/ **Group Guitar** (\$59.00)7-12 yrs., 13-adult
Choral Camp (\$69.00) 7yrs.-12yrs.13yrs-adult/ **Music for Little Mozarts** (\$129.00)4-7yrs.
Wind Camp11-17yrs. (69.00)/ **Rock Band Live** (199.00) 12-17yrs.

Starts Wednesday July 15 and Thursday July 16^h 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:** _____
(permission to e-mail)

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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cash Cheque Interac 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>
--	--

