



Registration Agreement 2017-2018
\$50.00 Registration Fee Due with this Agreement
~Please Print Clearly~

Musician's Name: _____
 First MI Last

Birthdate: _____ Age: _____

Physical Address: _____
 Street Address City State Zip Code

Mailing Address: _____
___ Same as Physical/Street Address City State Zip Code

Home Phone: _____ Cellular Phone: _____

Email Address: _____

School: _____ Grade: _____

Preference of contact: ___ email (address above) ___ cell phone (circle: call/text) #: _____

Family Members/Others Living in Household:

Name	Relationship to Musician	Age	Birthdate	School

Referral Source:

Name of Referral Source: _____
___ Friend: _____ website: cashmeremusicstudio.com
___ Local Music Store: _____ other: _____
___ School Reference; Name: _____

I understand by submitting this registration form to Cashmere Music Studio with the required \$50.00 I am requesting and reserving a time for piano lessons with the instructor at a time conducive to both parties for September 2017 through May 2018. I understand my and/or my child's participation is a commitment for the entire season and agree to the studio policies set forth for Cashmere Music Studio.

Signature (parent/guardian) Date