

The Saxophone "EXPERIENCE" Registration Form

September 20, 2016 - May 21, 2017

STUDENT INFORMATION:

Name: _____ Last Name: _____

Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

School: _____ Current Grade: _____

Instrument: _____ Years of Study: _____

Parent Name: _____ Parent Phone: _____

Parent Name: _____ Parent Phone: _____

Health Concerns: _____

Emergency Contact Information: Please provide an additional contact (not residing with you) that can be contacted in case a parent/guardian cannot be reached.

Name: _____ Relationship to Child: _____

Phone: _____ Work Phone: _____

Please select your Saxophone "EXPERIENCE" from the options below:

(21 Private Lessons, 8 Saxophone Ensemble Rehearsals, 8 Workshops, 3 Performances)

\$160/month (9 monthly installments)

\$120/month (12 monthly installments) *Comfort Billing!*



**Payment is due on or before the first lesson of the month.*

A \$20 late fee will be applied if payment is not made within 7 days of first lesson of month

By signing below, you are in agreement with the policies and rates for the Saxophone "EXPERIENCE" provided by Ron Kieper:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____