



Date: _____

Pre-Registration Sign-Up Form

Instrument: Guitar Piano Violin Drum Vocal

Student Name: _____

Parent's Name if under 18: _____

Birthdate: _____

Age (if under 18): _____

Contact Info

Home Phone: - () -

Cell Phone: - () -

Work Phone: - () -

Email: _____

Other Info

Experience Level: Beginner Intermediate Advanced

Preferred time and days: a) _____

b) _____ c) _____

If student cannot be registered during preferred times they will be contacted for further discussion.

Comments: _____

For Office Use Only

Name of Instructor:

Day of Lesson: Time of Lesson:

Invoice #: Date:

Payment Method: Amount: