



**Registration Form - Group Lessons**  
**2010 SPRING SEMESTER**  
**JAN 11 – MAY 21**

1901 23rd St., Education Building – Room 219  
 Vero Beach, FL 32960 772-562-7265

**Name of Group:** \_\_\_\_\_ **Day:** \_\_\_\_\_

**Location:** Community Church, 1901 23<sup>rd</sup> St, Vero Beach **Time:** \_\_\_\_\_

**Student Information:** \_\_\_\_\_  
 Name (Last, First) Instrument & Instructor

\_\_\_\_\_ Date of Birth / age Home Phone Number

**Mailing Address:** \_\_\_\_\_  
 Street City, State, Zip

\_\_\_\_\_ E-Mail Address Students Work or Cell Phone Number

**Bill to:** \_\_\_\_\_  
 (If different from above) Name (Last, First) Billing Phone

\_\_\_\_\_ Street City, State, Zip

**Mother/Guardian:** \_\_\_\_\_  
 Name (Last, First) E-Mail Address

\_\_\_\_\_ Work Phone Cell Phone

**Father/Guardian:** \_\_\_\_\_  
 Name (Last, First) E-Mail Address

\_\_\_\_\_ Work Phone Cell Phone

**BEST PHONE NUMBER TO REACH YOU DURING THE DAY?**

I understand that I am responsible for payment of the full tuition even if the student discontinues lessons. I have read, understand, and accept all conditions of registration as described on this registration form (pages 1 & 2) and agree that electronic transmission of typed signature is intended and accepted as original. I will advise of contact / information changes.

\_\_\_\_\_  
 Signature of Parent Date

**Emergency Contact: If I am unavailable, you may release my child to:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_