

REGISTRATION FORM FOR MIXED AGE CLASSES

PARENT/GUARDIAN NAME(S): _____

CHILD'S NAME: _____ CHILD'S DOB: _____

SIBLING(S) NAME(S): _____ SIBLING DOB: _____

WHO WILL BE BRINGING THE CHILD(REN) TO CLASS? _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

PREFERRED METHOD OF CONTACT (Check all that apply):

Home phone Work Phone Cell Phone Email Other: _____

CLASS INFORMATION

Have you enrolled in a Music Together class before? Yes No

DAY/TIME OF CLASS:

WEDNESDAYS, 10:15-11 a.m. (10-week session)
 ACAC MEMBER (\$160) NON-MEMBER (\$170)
 SIBLING? (\$95) ENTER AMOUNT HERE: _____

FRIDAYS, 10:15-11 a.m. (9-week session)
 ACAC MEMBER (\$155) NON-MEMBER (\$160)
 SIBLING? (\$95) ENTER AMOUNT HERE: _____

SATURDAYS, 10:15-11 a.m. (8-week session)
 ACAC MEMBER (\$145) NON-MEMBER (\$140)
 SIBLING? (\$95) ENTER AMOUNT HERE: _____

EARLY BIRD DISCOUNT?

If registering before 12/16/2017, subtract \$10 from non-member tuition rate: _____

TOTAL PAYMENT: _____

PAYMENT INFORMATION

METHOD OF PAYMENT: Check Number _____ (Make check payable to Adams County Arts Council)

Credit Card CREDIT CARD TYPE: VISA MASTERCARD AMEX

CREDIT CARD NUMBER: _____ EXP. DATE: _____

AUTHORIZED SIGNATURE: _____