

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:

FRIDAYS, 10:15-11 a.m.

SATURDAYS, 10:15-11 a.m.

8 WEEK CLASS PASS:

ACAC MEMBER (\$145) NON-MEMBER (\$150)

10 WEEK CLASS PASS:

ACAC MEMBER (\$170) NON-MEMBER (\$175)

UNLIMITED CLASS PASS (one session):

ACAC MEMBER (\$190) NON-MEMBER (\$195)

SIBLING? (\$95)

*WANT TO SIGN UP FOR MORE THAN ONE session? Call to confirm pricing: 301/646-0214

CLASS TUITION: \$ _____

SIBLING TUITION: \$ _____

*Multiple session disc: -\$ _____

**TOTAL
PAYMENT DUE: \$ _____**

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: _____ DATE: _____