



Instrument Class Registration Form

Personal Information:

Student's Name: _____

Birth Date : _____ Age (if child): _____

Parent's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

How did you find out about us? _____

Registering For:

Classes: Piano _____ Guitar _____ Violin _____

First Choice Class Day and Time: _____ Second Choice: _____

Class Registration Payment Options:

I understand I am registering for a 8 or 10 week class. There are no refunds given.

___ **Class Payment Option 1-** Pay materials and class in full. This can be done by check or credit/debit card. Please fill in information below if applicable. 10 week class: \$130 plus materials 8 week class: \$104 plus materials

___ **Class Payment Option 2-** Materials and half the class at time of registration. Second payment due at the 5th class and must be done by automatic debit from a checking account, credit or debit account. Please fill in information below or attach a voided check. First payment can be made by check or credit or debit card. Two payments of \$70 plus materials in first payment

Please Choose one:

Pay in Full: _____ Amount: _____

Set up Second Payment: _____ Amount: _____ Date: _____

Name on Card: _____

Visa _____ Mastercard _____ American Express _____ Checking Account: _____ (attach voided check)

Credit/Debit Number _____

Expiration Date: _____ CVC# _____ (3 digit number on back of card)

Signature: _____

Musical Beginnings
9815 NE Covington Rd .Vancouver, WA 98662
Visit our website! www.musicalbeginningsvancouver.com
Questions? 360-882-0501 or musicalbeginnings@att.net