



STUDENT REGISTRATION FORM

For Office Use Only:

- balance paid
- Registration entered _____
- Invoice sent _____
- Email entered _____

Fall **Spring** **Summer**

Parent Name _____ Phone: _____
 Mailing Address _____ E-mail _____
 Town/State/Zip _____ Add to email list

Emergency Contact _____ Phone _____ Relationship to student _____
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Student Name _____ Returning Student New Student *

1. Class/Camp _____ Instructor _____
 Day of Week _____ Time _____ Price _____
 2. Class/Camp _____ Instructor _____
 Day of Week _____ Time _____ Price _____

NOTES: **\$25 Deposit toward classes due upon registration**

Additional Student Name _____ Returning Student New Student *

1. Class/Camp _____ Instructor _____
 Day of Week _____ Time _____ Price _____
 2. Class/Camp _____ Instructor _____
 Day of Week _____ Time _____ Price _____

NOTES: **Total** _____
\$25 Deposit toward classes due upon registration

Payment Method: Check or Money Order Credit Card Cash (in person only) Send Invoice

Name on Credit Card _____ Expiration Date ____/____/____
 Account # _____ - _____ - _____ 3-digit Code on back of card _____

I, _____, permit Mountain Top Music Center to use photographs of myself and/or children to promote its programs.

SIGNATURE: _____ Date _____

*New Students: Date of Birth ____/____/____ How did you find out about MTMC? _____