



Signed Policies: YES
Scheduled: YES - NO
Auto Bill CC: YES - NO
or
CC - CHECK - CASH (Create, pay, print & attach invoice)

REGISTRATION FORM

STAFF NAME _____

DATE _____

BILLING CONTACT	
First:	
Last:	
Email:	
Cell Phone:	
Home Phone:	
Primary Billing Contact?	YES NO

CREDIT CARD	
Billing Name:	
Billing Address:	
City, State, Zip:	
Card Type:	Visa - MC - Discover - Amex
Card Number:	- - -
Expiration (MM/YY):	

STUDENT #1 INFO	
First:	
Last:	
Birth Date (MM/DD/YY)	/ /
Grade:	
Skill Level:	BEG - INT - ADV
Instrument:	
Teacher:	
Desired Day & Time:	
Notes:	

STUDENT #2 INFO	
First:	
Last:	
Birth Date (MM/DD/YY)	/ /
Grade:	
Skill Level:	BEG - INT - ADV
Instrument:	
Teacher:	
Desired Day & Time:	
Notes:	