



Signed Policies: YES
Scheduled: YES - NO
CC Entered in TeacherZone
or
Gift Certificate

REGISTRATION FORM

STAFF NAME _____

DATE _____

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

BILLING INFORMATION	
Name:	
Address:	
City, State, Zip:	
www.teacherzone.com	
Login ID:	
Password:	

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:	