



SMS BAND

REGISTRATION FORM

PARENT NAMES: _____

ADDRESS/CITY/ZIP: _____

PHONE: _____ MOM WORK: _____ MOM CELL: _____

OTHER: _____ DAD WORK: _____ DAD CELL: _____

EMAIL 1: _____

EMAIL 2: _____

Student Name	Gr.	Class/Teacher	Instrument	# of Years

- Please contact me about academic concerns and lesson scheduling for my child/ren.
- I understand lessons and band scheduling, and wish for my child to participate.
- I have enclosed half payment with this form. (\$130/student) The balance is due October 15th.



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