



PLEASE PRINT

TEACHER: _____ DAY: _____ TIME: _____

STUDENT NAME: _____ AGE: _____

INSTRUMENT: _____ LENGTH OF TIME PLAYING: _____

PARENT NAME: _____ SIGNATURE: _____

PHONE #: 1. _____ 2. _____ EMAIL: _____

ADDRESS: _____ START DATE: _____

Year: _____ Registration Fee

SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE

Year: _____ Registration Fee:

SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE

Year: _____ Registration Fee:

SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE

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SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE

Crossroads Music – Guitar & Drums

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