



584 8th Avenue, Mezzanine Floor, NYC * PHONE: 917.496.6378

**SUMMER 2010 DEMO RECORDING PROGRAM
REGISTRATION FORM**

PLEASE FAX BACK TO: 718.855.3656

SESSION CHOICE (PLEASE CIRCLE):

JUNE 14-25, 2010

JULY 12-23, 2010

AUGUST 2-13, 2010

FAMILY INFORMATION

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

PARTICIPANT'S NAME: _____

INSTRUMENT(S) PLAYED: _____

DATE OF BIRTH: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ CELL PHONE: _____

FEES

DEPOSIT: \$300 (to be paid upon registering) BALANCE: \$700 (to be paid before start of session)

BILLING METHOD (circle one):

- **CREDIT CARD** – monthly recurring billing from first payment date

NAME ON CARD: _____

ACCOUNT NUMBER: _____ EXP DATE: _____

- **CHECK / CASH** – due monthly on day of first payment date