

CBC School of Music Registration Form

<i>Student Information</i>		
Name:	Hm Phone:	Cell:
Address:	City:	Zip:
Date of Birth:	School:	Grade:
E-mail:		
CBC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If Not, What Church? _____		
Class: _____ String _____ Beginning Strings _____ Intermediate Strings _____ Instrument _____ Beginning Guitar _____		
<i>Parent Information</i>		
Father's Name:	Work Phone:	Cell:
E-mail:		
Mother' Name:	Work Phone:	Cell:
E-mail:		
CBC Members? <input type="checkbox"/> Yes <input type="checkbox"/> No If Not, What Church? _____		
<i>Signatures</i>		
<i>I acknowledge receiving, understanding and agreeing with the CBC School of Music Policy and Procedures.</i>		
Student Signature:	Date:	
Parent Signature:	Date:	