

DAN CORRIGALL MUSIC STUDIO REGISTRATION FORM

36 ELM HILL BLVD., ANCASTER ON, L9G 2V1 PHONE: 905-304-0738

STUDENT INFORMATION

NAME _____ ADDRESS _____

CITY _____ POSTAL CODE _____ HOME PHONE _____

AGE _____ DATE OF BIRTH _____

PAYER INFORMATION

NAME _____ ADDRESS _____

CITY _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

COURSE INFORMATION

COURSE _____ START DATE _____

DAY/TIME _____ INSTRUCTOR _____

METHOD OF PAYMENT

() CASH FOR THE SEMESTER/SESSION \$ _____

() CHEQUE FOR THE SEMESTER/SESSION \$ _____

() POST DATED CHEQUES FOR THE SEMESTER /SESSION \$ _____

THE UNDERSIGNED STUDENT AND/OR PARENT GUARDIAN OF THE STUDENT AGREES TO PAY THE FULL SEMESTER TUTION AS OUTLINED ABOVE, REGARDLESS OF LESSONS MISSED, UPON THE POLICIES TERMS AND CONDITIIONS SET OUT ABOVE AND ON THE REVERSE HEREOF.

DATE

SIGNATURE OF STUDENT

SIGNATURE OF PARENT/GUARDIAN