



Student _____ Male Female
 DOB _____ Age _____

Address _____ School (Fall '11) _____ Grade (Fall '11) _____

City _____ Zip _____ Home Phone _____ Cell Phone _____

Parents Names _____ Other Phone (specify) _____

Signature (of student or parent if student is a minor) _____ Email Address _____

New to Instrument Instruction

Select one instrument to study over the 2 week session

- Violin Cello Piano
 Guitar (must be 8 yrs) Double Bass (must be 8 yrs)

Students will be placed in small groups by age and instrument.

Students that choose violin, cello, double bass, or guitar will be contacted by the CCM office to schedule a time July 6-7 to be sized for their instrument.

Current Private Instrument

- Violin Cello Piano
 Guitar Double Bass

OR

Number of years experience? _____

Latest polished piece? _____

Students will be placed by age and instrument for their daily lesson.

Registration

- Registration is available by mail or at the office.
- Workshop enrollment is limited to 35 students per session.
- Tuition and registration fee are non-refundable.
- Each registration must be accompanied by full tuition unless submitting a financial aid application.
- Families with multiple children wishing to attend the program must include a completed registration form for each child.
- No tuition discounts.
- Registrations are final and no refunds are available.
- Registration is on a first-come, first serve basis.

Payment Information

Check Check# _____ (payable to The Concord Conservatory of Music)
 Credit Card Visa Mastercard
 Card # _____ Exp: _____ 3 Digit Security Code: _____
 Name (as it appears on card): _____
 Signature: _____

Program Tuition Subtotal	\$ <u>470</u>
\$15 for new student	\$ _____
Total Due CCM	\$ _____

Mail to:
 The Concord Conservatory of Music
 P.O. Box 1258
 Concord, MA 01742

I _____ (student) agree to be photographed by The Concord Conservatory of Music (CCM); the resulting pictures may be used for CCM promotional literature, website and/or publicity. This release will be kept on file.

Signature (of student or parent if student is a minor) _____ Date: _____

The signer understands and agrees to the Absence/Schedule and Refund/Withdrawal policies described on the reverse of this form and the current Catalog and accepts responsibilities for charges and fees that may be incurred.