

# Joan Forsyth Piano Studio

## REGISTRATION FORM - FALL 2009

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ Zip \_\_\_\_\_

PHONE \_\_\_\_\_

E-Mail \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

Years Studied \_\_\_\_\_

Length of Lesson \_\_\_\_\_

I would like to reserve my former time \_\_\_\_\_

I would like to make a new weekly lesson time. Three possible times are

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please enclose \$100 deposit for each student you wish to register. Deposit is fully refundable if we are unable to agree on a suitable lesson time.*