

Date Received _____



Class / Ensemble Registration Form – Summer 2008

Indian Hill Music School, P.O. Box 1484, Littleton, MA 01460 Tel. (978)486-9524 Fax (978)486-9844

**This form is not valid unless accompanied by payment.
Classes / Ensembles / Festivals are non-refundable unless cancelled by Indian Hill Music.**

Family Name: _____

New Student *HOW DID YOU HEAR ABOUT US?* _____

Continuing Indian Hill Student Current IHM Student/New to Instrument

Student Name _____ Date of Birth _____ Male/Female _____

Parent Name _____ Employer _____

Phone (h) _____ (w) _____ (c) _____

Address _____ Town _____ State _____ Zip _____

E-Mail _____ I do **not** want to receive the IHMS e-newsletter.

Emergency Contact (*Other than person listed above*):

Name _____ Relationship _____ Phone _____

List student's allergies, special needs, physical limitations, or medical issues: None

Yes, my employer may provide matching gifts. Employer: _____

Yes, I would like to be contacted about volunteering my time/skills to Indian Hill Music

Indian Hill is required to maintain records for reporting to state and federal funding agencies. Please check one:

Caucasian African-American Asian-American Native-American Hispanic Other _____



I have reviewed the policies and procedures from the brochure or web site and agree to abide by them.

Signature _____ **Date** _____

CLASS / ENSEMBLE _____ **Session/Start Date** _____

Instructor _____ Day _____ Time _____

Instrument /Voice Part (if applicable) _____ Cost _____

PAYMENT: All Classes / Ensembles must be **PAID IN FULL** at time of registration.

Tuition \$ _____ + **Registration Fee** \$ _____ (**\$5 one student or \$10 per family**)

TOTAL ENCLOSED \$ _____

Cash Check: No. _____ Master Card Visa

Credit Card # _____ Exp. _____

For Office Use Only **Paid** _____ **DB** _____ **QB** _____