Lesson Registration Form

Student Name: ___________________________________________________________

School: ___________________________ Grade: _______ Age: ______

Instrument: _______________________

Address: ________________________________________________________________

Phone (H): ____________________(W): ______________________(C): ________________

Parent’s Name: __________________________________________________________

E-Mail: __________________________________________________________________

Current SU Prep Instructor (if any): _________________________________________

Teacher Preference (please circle one): College Student Instructor or Professor Instructor

$15 Registration Fee (summer only) _____ Summer 20__

$25 Registration Fee (per semester) _____ Fall Semester 20__

_____ Spring Semester 20__

Paid: ___________ Date____________

I have read and agree to the policies and procedures set forth by the Shepherd University Department of Music Preparatory Division.

Parent Signature: ___________________________ Date: ______________

MAKE CHECKS PAYABLE TO SHEPHERD UNIVERSITY Mail registration form and registration fee to:
Kari Edge
Shepherd University Dept. of Music
PO Box 5000
Shepherdstown, WV 25443-5000

FOR OFFICE USE:
Instructor Name: ___________________________ Instrument: _______________________

Studio fee: $________________ Cash/Check #: __________________ Date: ______________

Kari Edge, Coordinator • kedge@shepherd.edu • 304-876-5555 (office) • 304-876-0955 (fax)