

Moura Music Studios

102 King Street West, Bolton, Ontario L7E 1A2

Please complete one sheet for each child attending

Name of Parent: _____ (If applicable)

Name of Student: _____ D.O.B. _____

Address _____

Phone (H) _____ (O) _____ (Cell) _____

Lessons – Circle Lessons of Interest¹

Singing Piano Theory Other Instrumental: _____

Drama Guitar Classical Other Performance: _____

Musical Theatre Saxophone Recording Special Request: _____

Do you have any previous training? Please indicate:

Office use only:

1st Area of Study: _____ Teacher: _____

Lesson Day: _____ @ _____ First Lesson Date: _____

2nd Area of Study: _____ Teacher: _____

Lesson Day: _____ @ _____ First Lesson Date: _____

Please Make Cheques Payable to Moura Music Studios

FEE: 1st _____ lessons X _____ fee = Season Rate: _____

2nd _____ lessons X _____ fee = Season Rate: _____

Total: _____ (a)

(a) _____ / 10 = _____ (b) x 2 = _____

Registration Fee: + _____ 10.00

Deposit First/Last Months Lessons: _____ (att'ch) Y N

Post dated cheques (b) _____ x 8 dated 1st of each month (att'ch) Y N

Notes: _____

On Schedule: _____ Inv No. _____

Prepared by: _____ ¹Date: _____