

REGISTRATION
Summer 2017
Adult



For Office Use Only:

Date Received _____
Reg Fee Paid _____
Tuition Amt Paid _____
Check Number _____
Teacher _____

I. PERSONAL INFORMATION

Please Choose: New Student _____ Returning Student _____

Student's Name _____ M/F _____ Age _____

Address _____
(Street) (City) (State) (Zip Code)

Cell Phone _____

Email Address _____

II. COURSE SELECTION

Area of Instruction: Piano _____ Voice _____ Other _____

Private Lesson: Circle One 30 min 45 min 60 min

Important* Please indicate 1st, 2nd, and 3rd choices for weekday and time of Private Lesson:

1. _____ 2. _____ 3. _____

Please complete the following:

Have you had previous instruction? _____ If yes, please specify instrument, class, teacher, years of study, and current repertoire: _____

repertoire: _____

III. BUSINESS AGREEMENT

I am committing _____ (Student's Name) for _____ lessons for a tuition amount of \$ _____, and I agree to pay the entire summer tuition.

I understand that **refunds will not be given** even if lessons are discontinued by the student before the semester's end except in extreme circumstances such as death or moving out of state. Payment for previous lessons missed will not be refunded. If a teacher must miss a lesson, that lesson will be rescheduled at a mutually convenient time. The full payment for scheduled number of lessons is nonrefundable.

Signed _____ **Date** _____
(Party Responsible for Payment)

Make checks payable to Samford University. Return to: Academy of the Arts, Music, Samford University, Birmingham, AL, 35229.
Fax number 205-726-4020. www.samford.edu/go/aota