REGISTRATION
Spring 2018
Adult

MUSIC

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:____________________________________________________

III. BUSINESS AGREEMENT
I am committing (Student’s Name)_________________________ for the full semester’s study, and I
agree to pay the entire semester’s 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. I will pay in the following manner:

3 equal payment ____ (not available after January 12) Payment in full____

This form is to be accompanied by a $25 registration fee and one-third of the semester’s tuition which will
not be refunded. The second payment must be made by February 1 or the student will not be allowed to
continue lessons. The final payment must be made by March 1. After March 1, 2018, accounts will be
charged a $50 late fee, and the student will not be allowed to continue lessons.

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
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