



The Coastal Community School of Music and The Arts

REGISTRATION FORM for PRIVATE LESSONS

\$25 Registration Fee (non-refundable)

Please make check payable to **CCSMA**

Student Name: _____

Parent(s) Name (if student is under 18): _____

Mailing Address: _____

No. and Street

City

Zip

The Most Reachable Phone #: _____

Email Address (of Adult Student OR Parent of Student under age 18):

Select Desired Length of Lesson:

____ 30 minutes

____ 45 minutes

____ 60 minutes

Select Preferred Day:

____ Tuesday

____ Wednesday

____ Thursday

____ Friday

____ Saturday

Select Preferred Time Block:

____ 1-3 PM (Tue-Fri only)

____ 9 AM to 12 Noon (Saturday only)

____ 3-5 PM (Tue-Fri only)

____ 5-7 PM (Tue-Thurs only)

____ 7-8 PM (Tue-Thurs only)

Select Discipline:

____ Beginner

____ Intermediate

____ Advanced

____ Piano

____ Voice

____ Flute

____ Organ

____ Drums

____ Guitar

____ Bass (Guitar)

____ Violin

____ Other Strings (specify) _____

____ Trumpet

____ Trombone

____ Recorder

FOR OFFICE USE ONLY:

Date Registration Received: _____

CHECK #: _____

Name on Check: _____