

West Bend Music Registration Form

A Community Built On A Foundation of Music

679 Main Street

Dennis Port, MA 02639

508.394.8600

Student Name: _____ Age: _____

Instrument: _____

Parent/Guardian: _____ Email: _____

Address: _____ City: _____

Zip: _____

Home Phone: _____ Cell: _____

Lesson time (please circle): 30 minute or 60 minute

Lesson Day: _____

Instructor: _____ Receive your Invoice email mail

How did you hear about WEST BEND Music? _____

Student's monthly time slot is secured by paying in advance by the last lesson of each month. **A student may quit at the end of any month by giving notice by their last lesson, otherwise you are still responsible for paying for the next month. Lessons missed by the student will not be made-up, rescheduled, or credited to your account.**

I am at least 18 years-old and financially responsible for the lessons. I have read and understand West Bend Music's policy.

(Bill to - persons' signature) _____ Date _____

West Bend Music Staff Only

Registration Fee \$20 per student _____

Lessons for the month _____ X \$ _____ = _____

Books received _____ Cost of Book(s) _____

Total: \$ _____ Received on _____