

The Citadel Dance & Music Center

Music Registration

PLEASE PRINT

STUDENT LAST NAME _____ FIRST NAME _____

PRIMARY PHONE _____ SECONDARY PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ MALE ___ FEMALE ___ E-MAIL _____

***In providing your email address you are granting permission for CDMC to send you notices, flyers, newsletters, etc. via the internet.

CLASS _____ DAY/TIME/START _____ LESSON FEE _____

CLASS _____ DAY/TIME/START _____ LESSON FEE _____

SCHOOL _____ GRADE _____

DO YOU PARTICIPATE IN YOUR SCHOOL (circle all that apply) BAND ORCHESTRA CHOIR

PARENT/GUARDIAN NAME, WORK PHONE NUMBER, PLACE OF EMPLOYMENT, OCCUPATION

MOTHER _____

FATHER _____

I have received a copy of the Citadel Music Policies & Guidelines and agree to abide by the stated policies.

Parent/Guardian/Adult student's signature _____

PARENTAL WAIVER: I give permission for photos of my child to be used in the Citadel Dance & Music Center promotional materials.

Parent/Guardian signature: _____ Date _____

Citadel Dance & Music Center depends on volunteers for many of our activities. Volunteers are always needed to serve as board members, provide or coordinate refreshments for recitals and concerts, assist in the lobby, and coordinate with fundraising. In what capacity would you be willing to help?

OFFICE USE ONLY

Sch Amt _____ QB M _____ C _____ Sch _____ NF _____ PS _____ Crd _____ Cash _____ Ck _____ AF _____ Att _____