

REGISTRATION FORM

2007/2008



Student Information

Parent/Guardian Information

Student's Last Name _____
 First Name _____
 Street Address _____
 City _____ State _____
 Zip _____ Date of Birth _____
 Home Phone _____
 Email _____
 Other family member(s) enrolled at
 AASPA _____
 Ethnic Origin (optional) _____

Parent Name _____
 Employer _____
 Work Phone _____

EMERGENCY CONTACT INFORMATION:

Name _____
 Relationship _____
 Phone _____
 Does the student have any medical or behavioral considerations?

Class, Ensemble or Lesson Information

CLASS REGISTRATION: Kindermusik, KMC, etc.

Name of Class: _____
 Day & Time of Session: _____
 Tuition: _____ Materials Fee: _____

Total Tuition & Materials: _____

Annual Registration Fee
 \$40 for first family member
 \$25 for others: _____

ENSEMBLE REGISTRATION: YSO,SSO,JSO,DSO, Jazz, etc.

Name of ensemble: _____
 Day & Time of Session: _____
 Tuition _____

Family Allowance
 (10% off lesser invoice): _____

Accent Plus Discount (10% off 2
 or more offerings) _____

PRIVATE LESSON REGISTRATION:

Name of INSTRUCTOR: _____
 Lesson length (30, 45 or 60 minutes) _____
 Number of Lessons: _____
 Tuition: _____

Early Bird Discount (deduct \$10
 if paying in full by 9/4/2007): _____

Total due with registration: _____

*SOUND SUPPORT ANNUAL
 CAMPAIGN DONATION: _____

TOTAL: _____

# of lessons	30 min.	45 min.	60 min.
15	\$450	\$600	\$750
16	\$480	\$640	\$800
17	\$510	\$680	\$850
18	\$540	\$720	\$900

MAIL or hand deliver the completed form and payment to:

AASPA
4090 Geddes Road
Ann Arbor, MI 48105

PHONE: 734-995-4625
 FAX with credit card information to:
 (734) 995-7503

- CHECK ENCLOSED
- CHARGE MY (circle)
 Visa MC Amex Discover

\$5 fee for credit card usage

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

Billing address if different than above:

I understand and accept the policies of AASPA (please see page 15 and 18 in 2007-2008 brochure) and accept responsibility for the charges and fees incurred. I will allow AASPA the use of photographs, artwork and/or recordings made at AASPA activities involving the student enrolled. I agree to hold AASPA staff, faculty and volunteers harmless in the event I or my child is injured while participating in AASPA activities or events.

Signature of parent/guardian or adult student: _____