

REGISTRATION FORM

STUDENT INFORMATION

SURNAME_____

FIRST NAME(S)_____

AGE(S)_____

PARENTS' NAME_____

ADDRESS_____

TELEPHONE_____

E-mail_____

INSTRUMENT(S) STUDIED_____

TEACHER(S) NAME(S)_____

Please specify the following for next year:

- 1) I would like to keep the same lesson times):_____
- 2) I would prefer to change the lesson time(s) to :_____
- 3) I would like to increase the duration of the lesson to: 45 mi.____ 60 min.____
- 4) I will not continue_____

PAYMENTS: \$50.00 (family with one child inthe program)

\$65.00 (family with two or more children in the program)

Please make cheques payable to EWA & WITOLD SWOBODA

PLEASE ATTACH THE REGISTRATION PAYMENT AND RETURN THE FORM
TO YOUR TEACHER OR MAIL IT TO:

**Accademia Musica
2411 Mountland Dr.
Peterborough, Ont., K9K 1V8**

BY JUNE 15, 2009