

## 2009 - 2010 REGISTRATION FORM

A non-refundable (Sept. '09 – Aug. '10) Registration Fee (\$35.00 individual/\$70.00 family) due with your registration.

STUDENT NAME	DATE OF BIRTH	SCHOOL
_____ M F _____	_____	_____
_____ M F _____	_____	_____
_____ M F _____	_____	_____

**\*\*\*PARENT/CAREGIVER CLASS PARTICIPATERS -REGISTER AT NO CHARGE\*\*\***

Address: \_\_\_\_\_ E Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Responsible Party (for Payment): \_\_\_\_\_

Phone Numbers: (Home) (\_\_\_\_\_) (Work/Cell) (\_\_\_\_\_) \_\_\_\_\_

In case of emergency: Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Why did you choose the Beck Center for the lessons/classes? \_\_\_\_\_

How did you hear about the Beck Center?  Advertisement  Catalog  Family/Friend  Library  School  Website  Other \_\_\_\_\_

Are you familiar with our Professional Theater?  Yes  No      Would you like to receive information?  Yes  No

### CLASSES

Student	Class	Day	Time	Session	Tuition	Start Date

### PRIVATE LESSONS

Student	Instrument	Instructor	Day	Time	Length	Wks.	Tuition	Start Date

### PAYMENT SUMMARY

Sept. '09-Aug. '10  
 Registration fee (non-refundable)  
 (\$35 Individual/\$70 Family) \$ \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Other fee (if applicable) \$ \_\_\_\_\_

Donation \$ \_\_\_\_\_

Your tax deductible donation will help support the programs at Beck Center for the Arts, a not-for-profit organization

TOTAL \$ \_\_\_\_\_

### METHOD OF PAYMENT

*A \$35 charge will be assessed for checks returned for any reason.*

Check No. \_\_\_\_\_ Cash Receipt No. \_\_\_\_\_

Visa  MasterCard      Expiration Date: \_\_\_\_\_

Card No. \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

- If I/my child require(s) emergency medical treatment while under the jurisdiction of the Beck Center for the Arts, I authorize the Beck Center to contact emergency medical services and to perform treatment as deemed necessary.
- Please check if you do not want your child photographed for any Beck Center promotion. If this box is not checked, you are agreeing to allow any photos obtained of your child while in classes or lessons at the Beck Center for promotional use by the Beck Center.
- I understand that the signing of this form implies agreement to, and the observance of, the Rules and Regulations of Beck Center as put forth on this registration form and witnessed by my signature and payment.***

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*The Beck Center for the Arts reserves the right to change any rule, regulation, policy, class, schedule or instructor without notice\*\***