



SKYLINE MUSIC

IMAGINE. CREATE. INSPIRE.

Students Last Name	First Name	Date of Birth		Current Age
Mailing Address	City/Province	Postal Code		Home Phone #
Work Phone #	Cell # (Text? Yes or No) <input type="checkbox"/> <input type="checkbox"/>	Email Address (most used)		Alternate Cell #
Teacher Assigned	Type of Music Program	Private Min <input type="checkbox"/>	Group <input type="checkbox"/>	Casual <input type="checkbox"/>
Lesson Day	Lesson Time	First Lesson Date		Last Lesson Date
Experience/Course	Instrument Owned	How Did You Hear About Us? (referral etc)		
PAYMENT OPTIONS: Pre-Authorized VISA/MC or MONTHLY CHEQUE				

(Check one) <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA	Credit Card Number	Expiry Date
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****Credit cards will be processed 2-4 days prior to each new month****

MONTHLY CHEQUES:	Lesson Dates:	VISA/MC		CHEQUE	
<i>*Sept-June handed in all at once* Post Dated to the 1st of each month</i>	30 mins \$30.00 45 mins \$45.00 60 mins \$60.00	Amount (\$)	Date Processed	Amount (\$)	Cheque #
REGISTRATION FEE (pre-paid)	\$40/Student \$80/Family of 3 +				
SEPTEMBER (pre-paid)					
Semester #1					
October					
November					
December					
Semester #2					
January					
February					
March					
Semester #3					
April					
May					
June					
July/August (Optional)					

I authorize Skyline Music Studio to make such monthly charges on my Visa/MC, as I will comply with the studio policies given.

Signature: _____ **Date:** _____