

C O N C O R D
 COMMUNITY
 M U S I C
 S C H O O L

23 Wall Street
 Concord, NH 03301
 (603) 228-1196
 ccms@ccmusicschool.org

**Songweavers Registration Form
 Fall 2010**

Registrations due by September 14th/15th.

Songweaver Name: _____ Adult? Y N
 Mailing Address _____ City/State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Employer's Name and City of location: _____
 Preferred email address _____

Optional: The Music School is required to maintain these records for reporting to state and federal funding agencies.

Please check one:

Caucasian [] African-American [] Asian-American [] Native-American [] Hispanic [] Other _____

Schedule:

Select	Class Choice	Day	Start Time	Class Length	# of Weeks	Teacher	Tuition
	Songweaver	Tuesday	7:30 p.m.	90 minutes	10	Parrott	\$105
OR	Songweaver	Wednesday	9:30 a.m.	90 minutes	10	Parrott	\$105
	Songweaver Drummers	Tuesday	6:00 p.m.	75 minutes	10	Schust	\$105

Annual Registration Fee \$25
 (Non-Refundable)

Pay by Cash/Check _____

Pay by Credit Card _____ Mastercard Visa
 American Express Discover
 Expires: ___/___

Early registration discount prior to 9/1 (10%) - \$

Card Number: _____ - _____ - _____ - _____

Amount Enclosed \$

I understand the following policy statements: Registration is for the full semester program and I am obligated to pay in full for that semester; early withdrawal and missed sessions are not grounds for incomplete payment. I have reviewed a Music School catalog and agree to abide by the policies printed therein. I acknowledge that late fees will be charged on outstanding balances over 30 days.

Signature: _____ Date: _____

OFFICE USE ONLY

[] Schedule [] Attendance card