

MARSHALL PIANO STUDIO

Registration Form

Please complete this registration form and return it to Cheryl Marshall by the date requested. Please include the \$50 Materials and Activities Deposit. Thank you.

Student's Name _____

Address _____

Home Phone _____

School, Grade, & Birthdate _____

Parents'/Guardians' Name(s) _____

Parents'/Guardians' Cell Phone _____

Parents'/Guardians' Cell Phone _____

Parents'/Guardians' Email Address _____

Additional Emergency Name, Relation, & Phone Number _____

I give permission for my child's picture (for example, taken at a recital), first name, and last initial to be posted on the "Studio News" page of www.marshallpianostudio.com.

Check: YES NO

I have read "Studio Policy" and "Tuition" at www.marshallpianostudio.com, and I agree to the terms of both statements. Check: YES NO

Parent/Guardian Signature and Date _____