



MUSIC TOGETHER REGISTRATION FORM 2018

Wednesdays _____ Saturdays _____

Child's Name: _____ Child's Name: _____

Parent's Name: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Photo Release: NMC MAY use your photo for advertising purposes: _____ Yes _____ No

Parent, Guardian or Responsible Party (if applicable) _____
(Please Print) Relationship

No refunds or credits will be issued for classes missed. Please contact ensemble director regarding scheduling conflicts or planned absences.

I have read and understand NMC's registration policies and fee structure: _____
Signature Date

PAYMENT INFORMATION

We accept Checks or Credit Cards - Visa, MasterCard, American Express

Check # _____ Credit Card: VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER: _____ Exp Date: _____ 3/4 Digits _____

Name on Card: _____

Card Billing Address: _____

Signature of Card Holder: _____