

STUDENT INFORMATION *One form for each student*

Student: _____ M F Date of Birth: _____ School: _____

Parent/Adult Mr. Mrs. Ms. Dr.: _____ Profession: _____

Parent/Adult Mr. Mrs. Ms. Dr.: _____ Profession: _____

Address: _____ City: _____ Zip: _____

Preferred Phone #1: _____ Owner: _____ Home Work Cell

Preferred Phone #2: _____ Owner: _____ Home Work Cell

Preferred Phone #3: _____ Owner: _____ Home Work Cell

Preferred Email: _____ Student Email (age 13+): _____

Instrument	Size	Number/Description	Case	Bow	Rental Term	Price
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Full Year <input type="checkbox"/> Semester <input type="checkbox"/> Short Term	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Full Year <input type="checkbox"/> Semester <input type="checkbox"/> Short Term	
TOTAL						

Rental Date: _____

Instrument Condition/Notes: _____

Agreement

I agree to assume responsibility for the routine care and maintenance of the above instrument(s) while it is in my possession, including replacement of broken or false strings, replacement of worn pads, etc., and will contact the Powers Music School office before proceeding with any other type of repair. I will pay the rental fee in advance for each semester and a deposit fee if required.

I agree that in the even of a major accident which severely damages the instruments, I will liable for the insurance policy deductible payment.

PAYMENT INFORMATION *Appropriate payment must accompany this registration from in order to be processed.*

<input type="checkbox"/> Check #: _____ (make payable to Powers Music School) Amount \$: _____ Please charge my: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX Card #: _____ Exp. Date: _____	Office Use Only	
	Date: _____	Amount: _____
	Initials: _____	App. Code: _____

By providing a credit card, you are authorizing Powers Music School to charge any current balance at time due.

The following information is requested by state and federal funding sources (check appropriate box):

African/African American Asian Latino Native American White/Caucasian Other:

My signature indicates that I have read and understand Powers Music School policies and accept responsibility for all charges and fees that may be incurred. I allow full use of photographs and videos taken of the above registered student at all Powers Music School sponsored events.

SIGNATURE REQUIRED (must be 18 years or older): _____

Date: _____