

SUMMER 2018 PAYMENT/REGISTRATION FORM

Summer Term 2018 consists of one term of six forty-five minute lessons or nine half-hour lessons taken anytime between May 28 and August 26. All summer lessons are pre-paid. **If starting late, contact your instructor for the exact number of lessons remaining before completing this paperwork.**

Instructor	Half-hour rate	45-minute rate	Full term rate
Josh, Rebecca	\$25	\$37.50	\$225
Rich, Evelina, Caileen	\$23	\$34.50	\$207
Mark, Eric, Andrea, Abby	\$22	\$33	\$198

The Academy can accept this form and payment in the following ways:

- Register and pay online at slatermusicacademy.com, click on the REGISTRATION tab
- Give this completed form to your instructor
- Mail to the Academy (please use address below; do not mail cash)
- Call in information with credit card to (859) 802-9344
- Email scanned form to Academy

I am paying by (check all that apply)

- Check or money order (written to Slater Music Academy, \$30 fee for returned checks)
- Cash (exact change, please)
- Gift certificate(s) and/or coupon (check expiration date and number of lessons required to receive coupon discount; only one coupon per purchase)
- Credit card (please complete credit card form below; receipts will be emailed)

Student name	Instructor	# lessons purchased	Price per lesson	Total amount per student
			Grand total:	

Credit card payment form

- Mastercard Visa Discover

Card # _____ Expiration date _____ / _____ Amt. _____
Month Year

CVV2# (3-digit number on the back of your credit card) _____

Brief description of services purchased _____

Name as it appears exactly on card: _____

Address: Street _____ City _____ State _____ Zip _____

Signature _____

I agree to pay above total amount according to card issuer agreement.

Slater Music Academy
P.O. Box 75049
Fort Thomas, KY 41075-0049
phone: 859-802-9344
slatermusicacademy.com
info@slatermusicacademy.com

**SLATER MUSIC ACADEMY
PRIVATE LESSON REGISTRATION FORM**

Student name _____ Date of birth _____

Today's date _____ Instructor _____

For what instrument are you registering? _____

Parent/guardian name _____

Address _____

City, state, zip code _____

Day phone number _____ Evening phone number _____

Additional phone number(s) _____

Emergency contact and phone number _____

Email address(es) (note – we will NEVER send you unsolicited email or give your email address to anyone else. This is for communication purposes ONLY.)

Are there any medical conditions or handicaps that the instructor should know about? If so, please explain.

How did you hear about Slater Music Academy?

Please sign and return to the Academy with payment in full.

I have received and read a copy of PRIVATE LESSON PRICES AND STUDIO POLICIES, and I further agree to abide by all rules and policies set forth in the same.

Name _____ Date _____