THE MUSIC LAB LTD.
REGISTRATION FORM

(Please Print Clearly)

Student's Surname: _____ **Given Name:** _____

Parents/Guardian: _____

Home Address: Street: _____

City:_____ **Province:**_____ **Postal Code:** _____

Tel.: _____ **Cell:** _____

Email: _____

Date of Birth: _____ **Instrument Selected:** _____

Playing Ability: Beginner 1 Year 2-4 Years More

CREDIT CARD PAYMENT (ONLY VISA & MASTERCARD)

EXP. DATE			**CARD TYPE:**	**VISA**		**MC**	

AMOUNT	**$**

CARD HOLDER:

* LESSONS AGREEMENT

I agree with **The Music Lab Ltd** "Rules and Regulations" regarding music lessons and fees for my son/daughter/self _____

Student's Name

Date: _____

_____ _____

Parents/Guardian/Student Signature *Music Lab Employee Signature*

*** Agreement valid for the period of enrolment at The Music Lab Ltd.**