

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	<input type="checkbox"/>	MC	<input type="checkbox"/>
------------------	--	--	--	-------------------	-------------	--------------------------	-----------	--------------------------

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.