

Bandmaster Student Registration Form

NAME _____

INSTRUMENT _____ D.O.B. _____

SCHOOL _____ GRADE _____

BAND DIRECTOR NAME _____

PARENT/LEGAL GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ WORK PHONE # _____

CELL PHONE # _____ EMAIL _____

I have read and agree to the terms and conditions set forth in the Bandmaster Studio policy form.

Date _____ Parent/Legal Guardian _____