

BANDMASTER STUDIO

CLARINET / SAX / FLUTE

Bandmaster Studio Student Registration Form

NAME: _____ DOB: _____

INSTRUMENT: _____

SCHOOL: _____

GRADE: _____

BAND DIRECTOR NAME: _____

PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK : _____

CELL PHONE: _____

EMAIL _____

Please read carefully before signing. I have read and understand the lesson policy.

Date: _____ Parent/Legal Guardian: _____

Joe Hubbard BME/MA
15382 S. Hallet Street
Olathe, KS 66062
PHONE: (913) 254-9808
EMAIL: Bandmasterstudio@att.net
Webite: Bandmasterstudio.com