



# Minnesota Music Studios

Director: Jeremy Horvath

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2488 Vierling Drive East

Shakopee, MN 55379

## FALL REGISTRATION

Student Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Age or grade: \_\_\_\_\_ Parent Names: \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact:

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Name	Relationship	Home Phone	Alt. Phone
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Lesson Day & Time Desired: \_\_\_\_\_

**Check Payment Methods**

**18 weeks x \$22 plus \$25 IT fee = \$421**

\_\_\_\_\_ **Option 1:** Full tuition \$421

\_\_\_\_\_ **Option 2:** 2 payments

Check #1 Current date \$223	All checks must be included and post dated
Check #2 Nov. 1, 2010 \$198	

**Credit Card Payment Methods**

**18 weeks x \$22 plus \$25 IT fee = \$421**

\_\_\_\_\_ **Option 1:** Full tuition \$421

\_\_\_\_\_ **Option 2:** 2 payments

Check #1 Current date \$223
Check #2 Nov. 1, 2010 \$198

I have read and received a copy of Minnesota Music Studios policies and procedures and agree to the terms stated.

**X** \_\_\_\_\_  
Signature

**Credit Card Info:**

Name on credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_

Signature: **X** \_\_\_\_\_

**Please check one:**

\_\_\_\_\_ Full payment

\_\_\_\_\_ 2 payments

For office use: