

CUSTOMER REGISTRATION

(PLEASE PRINT LEGIBLY)

START DATE ____ / ____ / ____

LESSON DAY _____

STUDENT NAME _____ DATE ____ / ____ / ____

INSTRUMENT _____ INSTRUCTOR _____

BILL TO: (FINANCIALLY RESPONSIBLE) _____

ADDRESS _____ TOWN _____

STATE _____ ZIP _____ EMAIL _____

PH: HOME _____ WORK _____ CELL _____

ALTERNATE/EMERGENCY CONTACT _____
(EXPLAIN RELATIONSHIP)

PH: HOME _____ WORK _____ CELL _____

HOW DID YOU HEAR ABOUT US? FRIEND—YELLOW PAGES—CAPE COD PARENT & CHILD MAGAZINE—
INTERNET-KIDS ON THE CAPE- OTHER _____

IF YOU HEARD ABOUT US THROUGH A FRIEND, PLEASE PRINT THEIR NAME ABOVE. LET US KNOW WHEN YOU PAY FOR YOUR FIRST MONTH OF LESSONS AND WE WILL CREDIT THEIR ACCOUNT ONE LESSON FOR REFERRING YOU!

SIGN AND DATE BELOW TO GRANT MODE 4 MUSIC STUDIOS PERMISSION TO DISPLAY PHOTOS, AUDIO, AND/OR VIDEO OF YOU/YOUR CHILD RELATING TO ACTIVITIES WITH MODE 4 MUSIC STUDIOS INCLUDING BUT NOT LIMITED TO; LESSONS, CLASSES, CONCERTS, AND SPECIAL EVENTS, FOR PROMOTIONAL USES INCLUDING BUT NOT LIMITED TO; WEBSITE, PRINT ADS, AND FLYERS.

SIGNATURE _____ DATE ____ / ____ / ____

STUDENT'S WEEKLY TIME SLOT IS SECURED BY PAYING IN ADVANCE FOR THE UPCOMING MONTH BY THE LAST LESSON OF EACH MONTH. STUDENT MAY DISCONTINUE AT THE END OF ANY MONTH BY GIVING NOTICE BY THE LAST LESSON OF THAT MONTH, OTHERWISE YOU ARE STILL RESPONSIBLE FOR PAYING FOR THE NEXT MONTH. LESSONS MISSED BY THE STUDENT WILL NOT BE MADE-UP, RESCHEDULED, OR CREDITED TO YOUR ACCOUNT.

I AM FINANCIALLY RESPONSIBLE FOR THE LESSONS AND UNDERSTAND THE ABOVE POLICY

SIGNATURE _____ DATE ____ / ____ / ____

("BILL TO" PERSON'S SIGNATURE)