

Dresher School of Music - Registration Form

Please mail this form with your check payable to Dresher School of Music to:

Dresher School of Music
2 Village Road, Suite #6
Horsham, PA 19044

Date: _____

Student's Name: _____ Birthdate: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: Home: _____ Work: _____

Email: _____

What would you like to study at our school?

Instrument (Please Specify): _____

Voice

Music Theory

Lesson or class fee: \$ _____

Registration fee: \$ _____

Total amount enclosed: \$ _____

Payment Method:

Check Enclosed

Charge My Credit Card: MC VISA

Account #: _____ Exp. Date: _____

Name on Account:

Signature:

Please list days and times during which you will be available for lessons:

