

SIBLING BEGINNER APPLICATION FORM

Last Name of Child: _____ First Name: _____

Date of Birth: _____ Gender: _____

Parent's Names: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Mother's Work: _____ Cell: _____

Father's Work _____ Cell: _____

E-mail address: _____

School attending in the fall (if applicable): _____

Signature of Parent _____

Date: _____

If the beginner is on a *different* instrument than his or her sibling, you will *need* to purchase the following:

___ CD—\$20, ___ box violin/viola—\$15 (if applicable)

If the beginner is on the *same* instrument, you *may* need to purchase:

___ CD—\$20, ___ box violin/viola—\$15 (if applicable)

**All beginners will be required to purchase a parent handbook ___\$5

For Office Use Only — do not write below this line

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Date received: _____

Paid by cheque/cash? If cheque, cheque # _____