

Fax this form back to:
(704) 973-7838

2010 Registration Form

The Playroom Academy of Music
Baxter Village
951 Market Street, Suite 201
Fort Mill, SC 29708



Phone: (803)802-NOTE (6683)
ThePlayroomAcademy.com
info@theplayroomacademy.com

Student's Name: _____ Male or Female: M F

Date of Birth: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Email: _____

Mom's Cell: (____) _____ - _____ Dad's Cell: (____) _____ - _____

Mom's eMail: _____ Dad's eMail: _____

School _____ Music Teacher _____

Instrument interested in: (check which applies)

- guitar
- bass
- drums
- piano
- mandolin
- banjo
- violin
- viola
- cello
- bass
- harp
- flute
- clarinet
- tuba
- trumpet
- oboe
- saxophone
- french horn
- bassoon
- trombone
- singer/songwriter
- other: _____
- Music Production
- Audio Engineering
- computer based recording

Emergency contact: _____ Phone: _____

Registration Information			
Fee	Amount	Paid Via	Date Received
Registration Fee (99.95)	\$ _____	_____	____/____/____ Date of Recurring Charges
1 st Month Tuition	\$ _____	_____	_____ <small>(day of the month ie: 1st, 2nd)</small>
Total Paid Today	\$ _____	_____	

Credit Card Information*	
<small>*The Playroom Academy of Music is %100 committed to keeping your information confidential and safe</small>	
Credit card # _____ - _____ - _____	Expiration date: ____/____/____
CCV code # _____	circle card type: Visa M/C AMEX
Name as it appears on card: _____	
Billing Address: _____	
City: _____	State: _____ Zip: _____
<p>** I approve the monthly charges outlined in this agreement. I understand my card will be charged on the ____ day of the month.</p> <p>X _____</p>	