



Registration Form

1. Please print or type
2. One application per student, please
3. Include the registration fee*

Choose one: Fall Semester Enrollment Spring Semester Enrollment Year _____

Student's Name _____

Parent's Name(s) _____

Email _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Home Church _____

Student's School _____ Grade _____

Proposed Area of Study:

- | | | | |
|--------------------------------|-----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Piano | <input type="checkbox"/> Guitar | <input type="checkbox"/> Voice | <input type="checkbox"/> Kindermusik |
| <input type="checkbox"/> Brass | <input type="checkbox"/> Woodwind | <input type="checkbox"/> String | <input type="checkbox"/> Percussion |

Number of years experience in this area _____ Instructor _____

Registration Deadline: July 16, 2010

*A registration fee of \$25.00 (\$10.00 for each additional family member) must accompany this form. (Registration is \$35/\$15 if received after the registration deadline.) Make checks payable to Mikado Academy of Music. Mail applications and all correspondence to: Academy Director, Mikado Baptist Church, 6751 Houston Rd., Macon, GA 31216. If you have any questions, please call us at 781.2324.

Date Received _____ Registration fee enclosed Instructor _____