

## Student Registration - Private Lessons

Date \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent/Contact Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Other # \_\_\_\_\_

Email \_\_\_\_\_

Instrument(s) \_\_\_\_\_ Age \_\_\_\_\_

Days/Times available \_\_\_\_\_

Teacher (If known) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please mail this form to:

### **Briarcliff Music & Related Arts**

515 North State Road  
Briarcliff Manor, NY 10510

914-941-0900

[www.briarcliffmusic.net](http://www.briarcliffmusic.net)