



BEMIDJI MUSIC STUDIO

1620 Lake Avenue Bemidji, MN 56601 (218) 333-0706
www.bemidjimusicroom.com Ashley@BemidjiMusicStudio.com

Bemidji Music Studio
Student Registration
2011-2012

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Instrument \_\_\_\_\_ Number of years the student has

Lesson Length \_\_\_\_\_ 30 Minutes played this instrument \_\_\_\_\_

\_\_\_\_\_ 45 Minutes

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Instrument \_\_\_\_\_ Number of years the student has

Lesson Length \_\_\_\_\_ 30 Minutes played this instrument \_\_\_\_\_

\_\_\_\_\_ 45 Minutes

Parent's Names \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Scheduling:

Please indicate the days and times that you WILL NOT be available for lessons:
(i.e. Wednesday nights you have church, Monday afternoons between 3:30-5:00, etc...)

Three horizontal lines for scheduling information.

- Three checkboxes with options: Please send the monthly newsletter home with my child from lessons, Please send the monthly newsletter via mail to my home address, Please send the monthly newsletter via e-mail to: \_\_\_\_\_

Please send this form along with your Studio Fee to lessons with your child, or you can mail it to:
Bemidji Music Studio
1620 Lake Avenue
Bemidji, MN 56601

\*\*Please complete the Name and Photo Release on the back side of this form. Thank you!