

# Sara Marie Music Studio- Information Sheet



## Contact Information

Student Name	
Parent(s) Name	
Street Address	
City ST ZIP Code	
Home Phone	
Parent Cell Phone	
Student Cell Phone	
E-Mail Address	

## Lesson Slot

DAY \_\_\_\_\_

TIME \_\_\_\_\_

## Other Info

\_\_\_\_\_ INSTRUMENT

\_\_\_\_\_ DURATION OF LESSON

\_\_\_\_\_ AMOUNT DUE MONTHLY (amt. subject to change)

## Signature

Parent/Guardian or Student Signature

X \_\_\_\_\_