

A non-refundable Summer Registration Fee for new students only (\$15 individual/\$30 family maximum) is due with your registration.

STUDENT NAME _____	DATE OF BIRTH _____	SCHOOL _____
_____ M F _____	_____	_____
_____ M F _____	_____	_____
_____ M F _____	_____	_____

*****PARENT/CAREGIVER CLASS PARTICIPANTS REGISTER AT NO CHARGE*****

Address: _____ E Mail: _____

City: _____ State: _____ Zip Code: _____

Responsible Party (for Payment): _____

Phone Numbers: Home: (_____) _____ Work/Cell: (_____) _____

In case of emergency: Contact Name _____ Relationship: _____ Phone: _____

Why did you choose the Beck Center for lessons/classes? _____

How did you hear about the Beck Center? Advertisement Catalog Family/Friend Library School Website Other _____

If referred, please list the name of the individual who referred you: _____

CLASSES

Student	Class	Day	Time	Session	Tuition	Start Date

PRIVATE LESSONS

Student	Instrument	Instructor	Day	Time	Length	Wks.	Tuition	Start Date

PAYMENT SUMMARY

New Summer 2010 students only
Registration fee (non-refundable)
(\$15 Individual/\$30 Family) \$ _____

Tuition \$ _____

Other fee (if applicable) \$ _____

Donation \$ _____

Your tax deductible donation will help support the education and theater programs at Beck Center for the Arts.

TOTAL \$ _____

METHOD OF PAYMENT

\$35 charge assessed for checks returned for any reason and credit/debit cards which are denied.

Check No. _____ Cash Receipt No. _____

Visa MasterCard Discover Exp. Date: _____

Card No. _____

Name on Card: _____

By signing this document I understand:

Camp registration fees include an official Summer 2010 camp shirt. Shirts will be distributed on the first day of camp. Indicate size below:

Youth:	<input type="checkbox"/> Small	Adult:	<input type="checkbox"/> Small
	<input type="checkbox"/> Medium		<input type="checkbox"/> Medium
	<input type="checkbox"/> Large		<input type="checkbox"/> Large
			<input type="checkbox"/> X-Large
			<input type="checkbox"/> XX-Large

- if I/my child require(s) emergency medical treatment while under the jurisdiction of the Beck Center for the Arts, and neither I nor the emergency contact individual may be reached, I authorize Beck Center to contact emergency medical services and to perform treatment as deemed necessary.
- I/my child may be photographed /videographed for use by Beck Center in Beck Center publications/website, or for use by all forms of media.
- that the signing of this form implies agreement to, and the observance of, the Rules and Regulations of Beck Center, and the payment of all fees associated with the course(s), lessons, instruction, sessions as listed above.

Signature of Responsible Party: _____ Date: _____

****Beck Center for the Arts reserves the right to change any rule, regulation, policy, class, schedule or instructor without notice****