

NEW YORK SCHOOL OF MUSIC

Where Everyone Plays!

Registration Form

Students Last Name: _____ First Name: _____

Street: _____

City: _____ Zip: _____

Students Age: _____ Grade/School (if applicable): _____

Parent/Guardian: _____

Phone #: _____ Cell #: _____

Email Address: _____

Instrument: _____ How long has student played?: _____

Special Needs/Allergies: _____

How did you find out about us?: _____

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www.nyschoolofmusiconline.com