

Brass Band Lessons Registration Form

Yes, I am interested in the FREE lessons and would like more information

Please Print Clearly

Contact information:

Name: _____ M / F Age _____

Address: _____

City: _____ Postal Code: _____

Contact Phone #: _____ Email: _____

Interested persons:

Name: _____ M / F Age _____

Name: _____ M / F Age _____

Name: _____ M / F Age _____

Have any of the above persons played a brass instrument? Y/N

What instrument: _____

Have any of the above persons played another instrument? Y/N

What instrument: _____

Note: Parental permission must be given for ages 7 to 16

Parent/Guardian Name: _____

Contact Phone #: _____ Email: _____

Signature