

Registration Form

Complete both sides of this form and sign it.

Make checks payable to: Gail Acosta

Calendar Dates: Fall: Sept.12-Feb.4; Spring: Feb.6-June 17; Summer: June 19-Sept. 2

Student Name: last first middle

Age _____ Date of Birth _____ Phone _____

Address: Street City Zip code

Semester you're enrolling for (circle one): Fall Spring Summer

Email How did you hear about us?

Parent or Guardian Employment Phone

The signer understands and agrees to the policies as stated in the EMC catalog and accepts complete responsibility for all charges and fees.

Signature of Student, Parent, or Guardian Date

OFFICE USE ONLY

Instructor/Class Fee \$ _____

Registration Fee (Fall and Spring only) Fee \$ _____

Balance Due From Past Semester Fee \$ _____

Payment Record: Total Fee \$ _____

Date _____ Amount \$ _____ Check # _____ \$ _____

Date _____ Amount \$ _____ Check # _____ \$ _____

Date _____ Amount \$ _____ Check # _____ \$ _____

Phone: (818) 742-5758 or email: evergreenmusicconservaory@gmail.com