



AGREEMENT FORM
Sept 2011- June 2012

www.azuremusicstudio.com • 37 Blackfoot Rd. Sherwood Park, AB T8A 4W5 • (780) 417 - 4771

Name: Last First

Adult Under 18 Age: Grade: Parent/Guardian:

Home Phone: Cell Phone: Other Phone:

Preferred Method of Contact: email phone text

Email Address:

Street Address:

City/Town: Postal Code:

I, have read and agree to the conditions listed on the Azure Music Studio Policy Form and verify that the information on the Azure Music Studio Agreement Form is accurate.

Signature Date

Printed Name

Time Choice #1: Time Choice #2: Time Choice #3:
Family Members at Studio Y N Same time/day as last term requested Y N

FOR OFFICE USE ONLY

Private Lesson Group Class Workshop
Other
Piano Violin Guitar Bass Voice Sax Flute Clarinet Trumpet Drum Kit African Djembe
Group Class/Workshop Name: Instructor:
Day: MON TUE WED THR FRI SAT SUN Time:
Cost Per Class: \$ Workshop: \$ Reg Fee: \$ VISA MC DEBIT CHQ CASH

CC Number: \_\_\_\_\_ NAME: \_\_\_\_\_ EXP:

\_\_\_\_\_

Location:  SP - AZURE MUSIC STUDIO  OTHER

Authorization:

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