



SPRING 2017 REGISTRATION FORM

323 West 108th Street, New York, NY 10025 • 212-663-6021 • 212-932-9429 (Fax) • www.bsmny.org

Student Name _____

1.) Teacher or Class _____ Length of Lesson _____

Preferred Lesson Day _____ Preferred Lesson Time _____

2.) Teacher or Class _____ Length of Lesson _____

Preferred Lesson Day _____ Preferred Lesson Time _____

Please provide a range of other available times _____

Are you interested in playing in a chamber group or ensemble? yes no If yes, please complete a Chamber Music Form.

PLEASE CHECK PAYMENT OPTION: Payment in full by 12/31/16, registration fee waived.

Registration fee enclosed (\$35 single student, \$45 family). Bill me in full later.

Registration fee enclosed. Sign me up for the payment plan. (\$15 fee)

I understand that I am registering for the entire semester and that I am responsible for the full tuition for the semester. I hereby agree to the reproduction of video footage and photos of me and/or my family in school-related promotional material.

Signature: _____ Date: _____

BSM is a 501(c)3 non-profit organization. Each year, we dedicate over \$250,000 to our financial aid and scholarship programs. If you would like to make a charitable contribution to our scholarship fund, please indicate the amount here: _____



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