



SUMMER 2017 REGISTRATION FORM

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

Student Name _____

1.) Teacher or Class _____ Length of Lesson _____

Preferred Lesson Day _____ # of Lessons (4-8) _____ Preferred Lesson Time _____

2.) Teacher or Class _____ Length of Lesson _____

Preferred Lesson Day _____ # of Lessons (4-8) _____ Preferred Lesson Time _____

Please provide the dates you are available for lessons, and other available lesson times: _____

PLEASE CHECK PAYMENT OPTION:

Payment in full.

Registration fee enclosed. Bill me in full later.

I understand that I am registering for the number of lessons indicated above and that I am responsible for the full amount of tuition for these lessons. I hereby agree to all the reproduction of video footage and photographs of me and/or my family in school-related promotional material.

Signature: _____

Date: _____



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