



821 W. Jefferson Blvd.
Mishawaka, IN. 46545
574-255-9343

Enrollment Form

Please print out this form and mail it with a \$50 deposit
(Hit print on your browsers window or choose file print)

Semester Fall____Spring____Summer____ Year_____

STUDENT NAME	_____
	Circle one Male/Female
ADDRESS	_____
CITY	_____
STATE	_____
ZIP	_____

HOME PHONE _____ WORK PHONE _____

E-MAIL _____

REFERRED BY: (Check any of the following) _____SIGN _____FLYER _____PHONE
BOOK _____WEB SITE _____WORD OF MOUTH

Name of person who refered you _____ (if a student here)

IF UNDER 18 please fill out the following:

BIRTH DATE _____ 19____ AGE _____

SCHOOL _____ GRADE _____

FATHER _____ WORK PHONE _____

MOTHER _____ WORK PHONE _____

Please cross out below any times you are NOT available.

Monday 3:25 4:00 4:35 6:00 6:35 7:10 7:45

Tuesday 3:25 4:00 4:35 6:00 6:35 7:10 7:45

Thursday 3:25 4:00 4:35 6:00 6:35 7:10 7:45

{ --- } Check if you need to rent or purchase an acoustic guitar

Please return this form with a \$50.00 tuition deposit to secure your place in a class. I understand the \$50.00 is non-refundable and can only apply toward the semester for which I initially enroll and I also agree to pay the remaining tuition balance.

SIGNATURE _____ DATE _____