Community String Project Adult Registration Form

Please fill out, download and mail to CSP, PO Box 513, Bristol, RI 02809 or save as pdf and email to: info@communitystringproject.org. You may send payment with your form or pay online at our secure online store at: <u>communitystringproject.org</u> . Please feel free to email <u>vicki@communitystringproject.org</u> or call at 401-500-1243 with questions or concerns.		
Phone:		
E-mail:		
Emergency Contact Name:		
Relationship:	Phone:	
Emergency/Medical Notes		
I play / would like to play the:vi	olinviolacellobasscl	assical guitar
Please indicate level:beginner	intermediateadvanced	
If you have played before and are no learned:	· .	
How did you hear about CSP?		
I would like to enroll in the followin Beginning String Ensemble - W Intermediate String Ensemble - Advanced String Ensemble - M Beginning Guitar Ensemble - 6 Intermediate Guitar Ensemble - 7: Advanced Guitar Ensemble - 7:	Vednesday 6:30-8:10 pm Thursday 7:00-8:40 pm onday 6:30-8:10 pm 30-8:10 pm 5:20-7:00 pm	t days and times may change.)
By enrolling in this program, you ar generated. These images are the pro		
I would like to volunteer for CSP ac	tivities (concerts, fundraisers, etc	c.)YESNO
PAYMENT INFORMATIONI AM SUBMITTING THE FOLLOLesson fee\$22CSP Instrument (if available)\$80(please complete instrument use forI would like to make a donation (any	50) (violin, viola, cello and bass on m)	ly)

Adults who do not own their own instrument may also rent from an outside source. See CSP website for details.

Community String Project Use of Instrument Agreement- Adult Only if needed-instruments are issued as available

I, the undersigned, ______, am a participant in the Community String Project. I understand that I have been granted permission to use a CSP instrument (violin, viola, cello, bass), including the bow and the case, for use in the program. I also understand that this is a delicate instrument and that special care will need to be taken to protect the instrument.

In consideration of being permitted to use the instrument, I agree to accept full responsibility for the care of the instrument. Further, I agree to accept full financial responsibility for its replacement value (up to \$400 for violin, \$465 for viola, \$850 for cello, \$1700 for bass) should the instrument be broken, lost, stolen or, in CSP's estimation, irreparably damaged during the period that it is loaned to me.

I also understand and agree that if the instrument is not returned by the agreed upon return date, the end of the current CSP season, or upon leaving the program, it will be considered lost and I will have full financial responsibility for the replacement value.

Additionally, I agree not to permit anyone else to use the instrument during the time period that it is signed out in my name.

I acknowledge that I have read and understand the terms of this agreement and that I am of legal age to bind myself to this agreement. This agreement has been executed on behalf of myself, my heirs and assigns. This agreement has been executed in and shall be interpreted according to the laws of the state of Rhode Island.

Name: Date:

Signature:

To be filled out by CSP Instrument issued: