Community String Project Summer Registration Form: Adult

Name:				
Address:		Zip:		
Home Telephone:	C	Cell Phone:		
Work Telephone:	E-mail:			
Emergency Contact Name :				
	Phone:			
Emergency/Medical Notes:				
I play / would like to play the:	violin	viola	cello	bass
Please circle level:	Intermediate	Advanced		
(students that were in the beginn intermediate level)	ing class during this	past academic yea	r would now	register for
 I would like to enroll in the followagust 5. Intermediate Orchestra Insevenings at 6:00 Advanced Orchestra Instru Intermediate and Advanced 	truments (including p	previous year's beg nings at 6:00	ginners) - W	
Classes must meet minimum clasmost suited. Instructors may make			class that ye	ou feel you are
By enrolling in this program you generated. These images are the				eos that are
PAYMENT INFORMATION I AM SUBMITTING THE FOL	LOWING PAYMEN	T (checks payable	e to CSP):	
Lesson fee:	\$150			
Instrument Fee (if applicable):	\$ 40			
Donation (We'd like to support a	a student) any amo	unt		
CSP Use Only:				
Amount Received:	Cash:	C	Check #	
Received by:				

Please mail with payment to CSP, PO Box 513, Bristol RI 02809
Or pay online on our website
See website for class schedule
info@communitystringproject.org, 401-500-1243 with questions