



# RiverArts MUSIC PROGRAM

## REGISTRATION FORM

Student Name(s)	Grade	Instrument	Teacher Request (if any)	30/45/60 min	Lesson Fee
Parent/Guardian(s):				Subtotal:	\$
Address:				Annual RiverArts Family Membership:	\$50.00
E-Mail:		Home Telephone:		Annual Family Registration Fee	\$35.00
Work Phone: (1st Parent/Guardian)		Cell Phone: (2nd Parent/Guardian)		Music Scholarship Fund Donation (tax deductible):	\$
Cell Phone: (1st Parent/Guardian)		E-mail : (2nd Parent/Guardian)		Total Due:	\$

## ADDITIONAL REQUIRED INFORMATION

Emergency Contact & Emergency Contact Cell Phone:

Are there any medical conditions we should know about?:

I would like to make a contribution to the RiverArts Music Scholarship Fund

I am requesting a Scholarship Application

Please mail the completed registration form with your check, payable to RiverArts, to:  
RiverArts Music Program, PO Box 60, Hastings-on-Hudson, NY, 10706