

Fall____ Spring____ Summer____ Year____

Name of Class:_____(Details about classes can be found at www.bmcvt.org/music-school/classes)**Participant's name**_____

Date of birth (if under 18)____/____/____

Contact information:

Primary Contact (Parent/Guardian if under 18)_____

Primary(billing) address_____

Street address

Town

State

zip

Primary contact email: _____

Primary contact phone: home: _____ work: _____ cell: _____

Emergency contact person to contact during class:

Name: _____ Phone _____

Payment: full payment for classes is expected prior to the start of the class. If you need a payment plan please contact the office.

___ A check/cash is enclosed

___ Please charge my credit card: (Visa, Mastercard, Discover accepted)

Card _____ Expiration date: _____

Name on card _____

Please be aware that, for your protection, credit card information is not kept on file.

Send completed form and payment to: BMC, 72 Blanche Moyse Way, Brattleboro, VT 05301.

For additional information please call us! 802.257.4523

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