

Fall\_\_\_\_ Spring\_\_\_\_ Summer\_\_\_\_ Year\_\_\_\_

**Name of Class:**\_\_\_\_\_(Details about classes can be found at [www.bmcvt.org/music-school/classes](http://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: half payment for classes is expected prior to the start of the class. If you need a different 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 \_\_\_\_\_ Security code:\_\_\_\_\_

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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