



2009-2010 Registration Form

Check here if new to CMMS or if you have a new address _____

Last Name: _____

Parent/Guardian/Adult Student First Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Emergency: _____

E-mail _____

** If billing address is different, please include on back of this form.

Check payment type: _____ Bi-Sem. _____ Sem. _____ Yearly

Student Name	Age	Teacher	Lesson Type/Length/ Class Name	Payment Amount *
Tuition Total				
Annual Family Registration Fee				\$25.00
Subtotal				
Handling Fee (3% of subtotal on credit card pymts.)				
TOTAL DUE				
LESS: Prepayment (include amount paid for registration fee)				
NET DUE with fall registration **				

* See Tuition Chart for payment amount

Payments received for returning students after 8/24/2009 will be assessed a late fee in accordance with our policies unless you prepaid. Make checks payable to CMMS and mail to: CMMS, PO Box 2, Maple Plain, MN 55359.

** We accept Visa and Mastercard for tuition payments. However, in accordance with MN Statute #325G.051, a handling fee of 3% of the total will be charged.

Check enclosed

Please bill my charge card (circle one): VISA M/C

Expires _____ (month/yr.)

Please print neatly and include all required information!!!
 QUESTIONS??? CALL (320) 255-0318 • E-MAIL: lmcnamara@cmmusicschool.org

DATE OF FIRST LESSON: _____