



2007-2008 Registration Form - Detach and Mail

Home Address (Check box if new to CMMS, or if have 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 attach that address to this form.

* See Tuition Chart for payment amount.

BI-SEMESTER SEMESTER YEARLY

| Student Name | Age | Teacher | Lesson Type/Length | Payment Amount * |
|---|-----|---------|--------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Tuition Total | | | | |
| Annual Family Registration Fee | | | | \$25.00 |
| Administrative Fee (See page 7 for amount) | | | | |
| Subtotal | | | | |
| Handling Fee (3% of subtotal on credit card pymts.) | | | | |
| TOTAL DUE | | | | |
| LESS: Prepayment | | | | |
| NET DUE with Registration | | | | |

note: we are now accepting 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: Visa M/C

Expires _____ (month/yr.)

DATE OF FIRST LESSON: _____