

# 2019 SUMMER PRIVATE LESSON FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

Studio location preferred: Warren Studio \_\_\_\_\_ Shelby Studio \_\_\_\_\_

Days Available \_\_\_\_\_

Times Available \_\_\_\_\_

Subjects for Private Lessons \_\_\_\_\_

Half Hour Time Slot per Week \_\_\_\_\_

Hour Time Slot per Week \_\_\_\_\_