



REGISTRATION FORM
(Please print)

Name					
Address					
Parent/Guardian Contact Information:	Name: _____ Phone: _____ Email: _____				
Age Range: (please select)	5 – 7	8-10	11-14	15-19	
Current Grade:	School Attending: _____				
Previous Musical Training – if any:	Level Achieved: Beginner Intermediate Experienced				
Briefly tell us about why you wish to participate in the Sandwich Strings Program					
Summer Program Schedule Preferred Time (as available)	10am - 1pm Monday Time:	10am - 1pm Tuesday Time:	10am – 1pm Wednesday Time:	10am – 1pm Thursday Time:	10am – 1pm Friday Time:
Date:	Parent/Guardian Signature _____				
Office Use Only					