

phoenix conservatory of music

Registration Form for

MUSIC WITHOUT BORDERS Music Theory Online with Joe Ringhofer

Student Information

Student's First Name _____ Last Name _____
Unit No./ Address _____ City _____
Province / State _____ Postal / Zip Code _____
Tel(day) _____ Tel(eve) _____ E-mail¹ _____
Age _____ years over 18 _____ Male _____ Female _____
Have you taken any lessons or classes at the PCM before? No ___ Yes/classes ___ Yes/private lessons ___
Is your principal instrument: voice ___ piano ___ other (specify) _____
Who is your practical teacher? First Name _____ Last Name _____
Who recommended the Phoenix Conservatory of Music to you or how did you find out about us?
Who _____ How _____

Parent/Guardian Information

Parent/Guardian First Name _____ Last Name _____
Tel(day) _____ Tel(eve) _____ E-mail¹ _____

Course Title	Starting Date	Starting Time	Tuition
1. _____	_____	_____	_____
2. _____	_____	_____	_____
Total Payment			_____

Please make your cheque(s) payable to "PHOENIX CONSERVATORY OF MUSIC"³. Thank you.

I have familiarized myself with the policies of the Phoenix Conservatory of Music². Submission of this application denotes my acceptance of these terms.

¹ Please review our Privacy Policy at www.phoenixconservatoryofmusic.com.

² PCM policies are published at www.phoenixconservatoryofmusic.com.

³ For US and International students, all payments must be in US dollars, and unconverted.