

**Lesson Registration**  
Fall 2009-2010

Student Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

School: \_\_\_\_\_

Grade for 2009-10: \_\_\_\_\_

Birth date: \_\_\_\_\_

Please indicate your time and day preference. I will do my best to work with your schedule. Lesson times are on a first-come, first-served basis.

**Fall lessons:**

Please see the daily schedule for days and times lessons are available.

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

