

'08 Class Registration Form

Student Name _____ Grade (entering in fall) _____

Birthday _____ Age _____

Parent Names) _____

Full Address _____

Daytime Phone Number (home/work/cell) _____

Email _____

Emergency Contact _____ Phone _____

_____ \$ _____
Camp Requested Fee

_____ \$ _____
Camp Requested Fee

_____ \$ _____
Camp Requested Fee

I would like to donate an additional amount to the Rhapsody scholarship fund \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

If you are enrolling in a music class, please use this area to describe your previous musical experiences including instruments, years of study, and level:

**Please make checks payable to:*

Rhapsody Arts Center

Office
Use
Dt

**Mail enrollment form to:*

271 S Main St, Verona WI 53593

Amt

**Enrollment deadline:*

7 days prior to the first day of the class.

#

Late enrollments may be accepted if space permits—please call the office.

Int

ADDITIONAL FORMS AVAILABLE

DB

at **www.rhapsodyarts.org** and at the main location

Call or email with questions 608.848.2045 or info@rhapsodyarts.org

QB