2010 DENVER SUMMER VOICE INTENSIVE

APPLICATION FORM

STUDENT'S NAME:_____

SEX M/F:_____ BIRTHDAY:_____

AGE (SUMMER 2010):_____ GRADE (SEP 2010):_____

NAMES OF PARENTS/GUARDIANS AND RELATIONSHIPS TO STUDENT:_____

_____

ADDRESS--STREET:_____

CITY:_____ STATE:_____ ZIP:_____

HOME PHONE:_____

PARENT/GUARDIAN'S EMAIL:_____

(Note: Enrollment confirmation will be sent to this email)

WORK/CELL PHONE (M):_____

WORK/CELL PHONE (F): _____

TUITION CHECK ENCLOSED FOR: STUDENT (Min. 12 yrs old) $350_____

Make check payable to: AUDITING TEACHER $200_____
Nancy E. Harris

RECERTIFICATION TEACHER $450_____

(Half payment due with application; balance due May 1.)

AUDITION RECORDING ENCLOSED, IF STUDENT: _____(check mark)

HOW DID YOU HEAR ABOUT THIS PROGRAM?_____

_____

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE POLICIES ON APPLICATION, TUITIONS, DEADLINES, AND REFUNDS, AND AGREE TO ABIDE BY THEM.

PARENT/GUARDIAN:_____ DATE:_____

STUDENT:_____

Mail to: Nancy E. Harris, DSVI Director
The Broadway Music School
1940 S. Broadway
Denver, CO 80210