

REGISTRATION FORM

Help us serve you better by
registering early!

- 1) Mail your completed form with your check payable to Chandler School of Fine Arts
OR
- 2) Mail the Automatic Credit Card Transaction Agreement form (subject to prior approval)

CFA Coordinator

Tri City Baptist Church

2211 W Germann Rd

Chandler, AZ 85286

The front desk is open between 8:00 am and 4:00 pm Monday – Friday.

The CFA Office will contact you to set up the time and day of the lessons. Once your lesson time is confirmed with the instructor, your registration will be processed.

Waiver and Liability Release:

- I / We agree to indemnify and hold harmless the Chandler School of Fine Arts (CFA) and its officers, directors, employees, instructors, agents and volunteers, all affiliated ministries, and all other persons associated officially or unofficially with CFA from any and all claims for physical or property loss, damage, injury, or death from any cause whatsoever arising out of or in any way connected with any CFA program, performance, instruction, on-site at CFA or off-site, or any use of the CFA facility or any facility operated or controlled by CFA, whether in whole or in part.
- My signature also confirms that I have fully read and accepted CFA's music lesson policies.

Participant OR Parent/Guardian Signature (required to complete your registration)

Signature

Date

Photo/Interview Release

I hereby grant Chandler School of Fine Arts (CFA) permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by CFA, in perpetuity, and for other use by CFA. I will make no monetary or other claim against CFA for the use of the interview and/or the photograph(s)/video.

Participant OR Parent/Guardian Signature (required to complete your registration)

Signature

Date

INDIVIDUAL MUSIC LESSON REGISTRATION

Enrollment is guaranteed only by submitting completed registration & payment of lesson fees

NEW ADDRESS? Yes No RETURNING STUDENT: Yes No

Registration Date _____

(All students must register each semester with CFA).

Personal Information:

Student's Name _____
Last First M.I.

Address _____
Street

City State Zip

Home Phone _____ Work Phone _____

Cell Phone _____

Functioning Email Address Required _____

Age _____ Date of Birth (if under 18) _____
Month Day Year

Parent's Name (if student is under 18) _____
Last First

Emergency Contact _____
Name Relationship

Phone Number _____ Secondary Phone _____
 Home Cell Home Cell

Lesson Information

Instrument _____ Preferred Instructor _____

Preferred Day /Time of Lessons _____

Length of Lesson: 30-minute 45-minute 1 hour

Please indicate the semester for which you are registering:

Fall 20__ Winter/Spring 20__ 6-Week Summer 20__ 8-Week Summer 20__

