

Youth Choir Registration

Student Information

Name: _____

Age: _____ Grade: _____

School: _____

Parent/Guardian Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Payment Information

- | | |
|---|-----------------------|
| <input type="checkbox"/> One Semester | \$165 |
| <input type="checkbox"/> One Year | \$330 |
| <input type="checkbox"/> Music Purchase (semester) | \$30 (optional) |
| <input type="checkbox"/> Music Purchase (full year) | \$60 (optional) |
| <input type="checkbox"/> Audition Fee | \$25 (non-refundable) |

TOTAL \$ _____

Please charge tuition to:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Discover |

Card# _____ CV# _____ Exp. Date: _____

I would like to pay with check # _____

Return to: Bach Festival Society of Winter Park
Attn: Youth Choir
1000 Holt Avenue - 2763
Winter Park, FL 32789

Fax: 407.646.2692