



## Registration

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

Age and  
pronouns \_\_\_\_\_

School \_\_\_\_\_

Prior musical experience? \_\_\_\_\_

Parent(s) Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Credit card for payments (You may also mail your form back to us or call to give us your number over the phone.) Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Card holder \_\_\_\_\_

Zip code of Billing address \_\_\_\_\_

Wish to pay by check? \_\_\_\_\_

Please let us know and we will send you the mailing address.

We are excited to have you join The Suzuki Violin School of Santa Barbara!