



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!