

I was referred by my friend: \_\_\_\_\_ ( \_\_\_\_\_ )  
 Name Phone Number

5075 Yonge Street, 10th Floor, Toronto, ON M2N 6C6  
 Tel: (416) 224 5590, Fax: (416) 224-0290  
 school@yamaha.ca, www.yamahamusicsschool.ca

Student # \_\_\_\_\_

### 2016/2017 REGISTRATION FORM

OTHER FAMILY MEMBERS TAKING LESSONS:

#1 Name \_\_\_\_\_ #2 Name \_\_\_\_\_ #3 Name \_\_\_\_\_ #4 Name \_\_\_\_\_

#### STUDENT INFORMATION

NAME			MAILING ADDRESS			E-mail		
CITY		POSTAL CODE		HOME PHONE		DATE OF BIRTH		
AGE		SEX		DAY SCHOOL		NEW ENROLLMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO

#### PAYER INFORMATION (MUST BE THE NAME ON THE CREDIT CARD OR PERSONAL CHEQUES BEING USED FOR PAYMENT)

NAME			MAILING ADDRESS			CELL PHONE		
CITY		HOME PHONE		BUSINESS PHONE				

#### GENERAL INFORMATION OFFICE USE

<input type="checkbox"/> FLYER	<input type="checkbox"/> DEALER	<input type="checkbox"/> SIGN	INSTRUMENT AT HOME	MAKE	MODEL	<input type="checkbox"/> MASTER LIST (Group) <input type="checkbox"/> TEACHER SCHEDULE (private) <input type="checkbox"/> STUDIO SCHEDULE (private)
<input type="checkbox"/> FRIEND	<input type="checkbox"/> YELLOW PAGES	<input type="checkbox"/> INTERNET				
<input type="checkbox"/> PRINT AD (SPECIFY)		<input type="checkbox"/> YAMAHA BRAND				
<input type="checkbox"/> OTHER (SPECIFY)		<input type="checkbox"/> FAMILY				

#### 2016/2017 COURSE INFORMATION

COURSE/ STEP	_____	DAY/TIME	_____	INSTRUCTOR	_____
START DATE	_____	LAST YEAR COURSE	_____	STUDIO	_____

#### PAYMENT OPTIONS (please select one )

<input type="checkbox"/> SINGLE PAYMENT	
REGISTRATION FEE (NON-REFUNDABLE)	\$ _____
NO. OF GROUP LESSONS _____ @ \$ _____ PER LESSON <b>plus non-refundable CONCERT FEE</b>	\$ _____
NO. OF PRIVATE LESSONS _____ @ \$ _____ PER LESSON	\$ _____
DISCOUNT (please select & attach credit form as needed)	
<input type="checkbox"/> FAMILY <input type="checkbox"/> CREDITS <input type="checkbox"/> REBATE <input type="checkbox"/> MATERIALS NOT NEEDED <input type="checkbox"/> OTHER	\$ ( _____ )
TOTAL (any applicable discounts will be verified at time of registration confirmation or later)	\$ _____
<input type="checkbox"/> MONTHLY PAYMENT	
SINGLE PAYMENT TOTAL	\$ _____
FINANCE FEE	\$ _____
TOTAL (any applicable discounts will be verified at time of registration confirmation or later)	\$ _____

#### PAYMENT SCHEDULE

REGISTRATION FEE: _____	Due Date: _____	
SINGLE PAYMENT (BALANCE): _____	Due Date: _____	
MONTHLY PAYMENTS:		
SEP: _____	JAN: _____	MAY: _____
OCT: _____	FEB: _____	JUN: _____
NOV: _____	MAR: _____	TOTAL: _____
DEC: _____	APR: _____	

#### METHOD OF PAYMENT (please select one )

<input type="checkbox"/> CASH (for Registration Fee or Single Payment only - payable in person at the front desk and include Receipt# _____)	
<input type="checkbox"/> CHEQUE - SINGLE PAYMENT	CARD NUMBER: _____
<input type="checkbox"/> CHEQUE - MONTHLY (post-dated to the 1st of each month)	EXPIRY DATE: _____
<input type="checkbox"/> CREDIT CARD (VISA, M/C, AMEX)	NAME ON CARD: _____

Permission is hereby to debit the above-mentioned card on the 1st (or 15th) of each calendar month, according to the monthly payment schedule.

**SIGNATURE (for registration):** \_\_\_\_\_

**We hereby request and authorize this registration.**

Date \_\_\_\_\_ Staff Name: \_\_\_\_\_