



10503 Redosier Ct. Bethesda, MD 20814 (301) 530-7757 (301) 530-6203 Fax  
www.musicaexpressions.com

## Suzuki Violin Class Registration Form 2009/2010

Student Name(s) \_\_\_\_\_

Age(s) \_\_\_\_\_ Birthday(s) \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Billing Address (if different from above)  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell \_\_\_\_\_

E-mail address \_\_\_\_\_ check e-mail frequently? Yes No

Violin experience (if any) \_\_\_\_\_

Does the parent have any musical background? \_\_\_\_\_

**\*Your instructor will contact you directly to set up your schedule.**

*I have read the student policies and understand their content fully.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this form to: Musical Expressions, 10503 Redosier Ct. Bethesda, MD 20814, or Fax it to (301) 530-6203. Thank you.**