

REGISTRATION FORM

Musical Bridge of Brooklyn

Parent(s): _____

Address: _____

Telephone: _____ E-Mail: _____

Child(1) Name: _____ DOB _____

Child(2) Name: _____ DOB _____

Please register us for the following class. Please check:

_____ **Music Makers – Theory, Tuesday, 4:30 p.m.**

12 sessions, February 8th – May 10th

_____ \$240 1st registered child per family

_____ \$140 2nd registered child per family

_____ **SuperGrooves - Percussion, Thursday, 4:15 p.m.**

14 sessions, February 10th – May 26th

_____ \$275 1st registered child per family

_____ \$175 2nd registered child per family

\$_____ **Total**

Please make checks payable to: **Musical Bridge of Brooklyn**
P.O. Box 180220
Brooklyn, NY 11218

Or pay by credit card:

Circle one: **Mastercard or Visa**

Card # _____ Expiration Date _____

Security code _____

Card Holder Name (please print) _____

Card Holder Signature _____

Musical Bridge of Brooklyn * 718-369-3099 * musicalbridgeofbrooklyn.com