



# EBBC Worship Arts Institute Registration Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent A: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Parent B: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Cell Phone: (A) \_\_\_\_\_ (B) \_\_\_\_\_  
Email: \_\_\_\_\_  
EBBC Member? Yes \_\_\_\_\_ No \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student's Doctor: \_\_\_\_\_ Office Phone \_\_\_\_\_

## Lessons (Voice/Guitar/Drums/Piano):

Lesson Type: \_\_\_\_\_ Preferred Day/Time: \_\_\_\_\_ Lesson length: \_\_\_\_\_

## Tuition Rates:

Private Lesson: 30 minutes/week - \$25.00 Per 30 minute Lesson

Payments may be made to Charlene in the Church Financial office or online at: [my.simplegive.com](http://my.simplegive.com)