SMMC
SATURDAY MORNING MUSIC CLASSES (DN) SOC. INC.

www.smmcotago.com
P. O. Box 87, DUNEDIN 9054

abrusse@gmail.com

202__ *Open Division*

for Year 9 through to Adult

Enrolment Form

APPLICATION FOR 202_

NAME _____ Date of Birth ____ / ____ / ____
FAMILY NAME *GIVEN NAME* *Preferred Name*

SCHOOL 202 _____
If applicable

EMAIL _____

ADDRESS _____ Landline _____

_____ Post Code _____ Mobile_____

APPLICATION FOR 202__ *Please circle and fill in as required – All prices include GST*

SMMC Centre: Bathgate Park George St Mosgiel

1. Instrument _____ Level: Beginner / Intermediate / Advanced

Small group lessons at the rate of minimum class of 3 for half hour @ $350.00 per year $_____

Instrument Hire (if instruments are available) $_____
(*payment to be made as soon as classes commence*)

2. Musicianship Theory @ $180 (*payment to be made with enrolment)* $_____

3. Singing @ $180 (for a minimum of 15 for one hour or 8 for half hour) $_____
(*payment to be made with enrolment before classes commence)*

4. Orchestra@ $50 $_____
(this group requires an assessment or audition before application can be approved)

Comments for 202__: TOTAL: $_____

FEES PAYMENT – All fees are to be paid before lessons commence, but after it has been established that the class will proceed. No eftpos or bank card facilities available.
Bank Account details for electronic transfer payments: Westpac Moray Pl. Branch **03 0903 0382134 00**
Reference details: *Please identify the account with* a) family name and b) given name of the student taking the lessons.

PREVIOUS MUSICAL EXPERIENCE *Information used in sorting classes for this coming year*

previous SMMC information: Year _____ Instrument _____ Year Level ____ Tutor _____

Orchestra _____ ,
Other Musical Experience:

Hire of Instruments – Caregiver/Student RESPONSIBILITY

In making this application I agree that I will meet the cost of or make good any damage to the instrument other than fair wear and tear and that should the instrument be lost or damaged beyond repair I may be required to meet the replacement cost. I agree that the instrument will be returned in good order and condition to the Tutor/Centre Co-ordinator by the last day of attending classes during this hire period.

SIGNATURE of Caregiver/Student_____DATE_____

Note: Caregiver/Students are advised to check if their HOUSEHOLDERS INSURANCE POLICY covers any possible damage. Excess costs shall be paid by Caregiver/Students.

Receipt No..... Amount..... Date: ..... Teacher.....