



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

201__ *Open Division* for Year 9 through to Adult

Enrolment Form

Instrument: _____

APPLICATION FOR 201__

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

EMAIL _____ SCHOOL 201 _____
If applicable

ADDRESS _____ Landline _____
 _____ Post Code _____ Mobile _____

APPLICATION FOR 201__ *Please circle and fill in as required – All prices include GST*

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 201__ : _____ 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.*

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.

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

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

Orchestra _____, Musicianship Theory – YES / NO, Singing – YES / NO

Other Musical Experience:

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