



ENROLMENT/ MEMBERSHIP FORM - CHOIR

Member Name: \_\_\_\_\_

Contact Phone Number/s: \_\_\_\_\_

Email address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to member \_\_\_\_\_

Contact Phone Number/s \_\_\_\_\_

Payment Plan: (Half Term/FullTerm/Weekly) \*Please take note of cancellation policy

Payment Rate: (please circle)      ADULT                      CONCESSION

Any other information (learning difficulties, vision/hearing impairments etc)

\_\_\_\_\_

\_\_\_\_\_

I wish to enrol myself/my son/my daughter at Bianca Fenn School of Music. I agree to meet all payment requirements as outlined in the cancellation policy. I accept that lessons attended are at my/his/her own risk and Bianca Fenn School of Music accepts no liability for injury. I give permission that photographs and recordings of myself/my son/my daughter may be used for advertising purposes for Bianca Fenn School of Music.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_