

REGISTRATION FORM

Name _____ Age _____ Sex _____

Address _____
Street City State Zip

Phone: _____ Email Address: _____

I desire private lessons in _____ plus additional private lessons in _____ (\$100.00 extra)

I will be staying on campus off campus (circle one) My voice part is _____

\$125.00 deposit required with this form.

\$100.00 of the deposit is non-refundable and there are no refunds after June 1. All fees must be paid in full by June 15th
Before June 1 total fee is \$535.00. After June 1 total fee is \$565.00. Off campus Before June 1 \$395.00. After June 1 \$420.00. Send all
correspondence to : **CHRISTIAN MUSIC CONFERENCE**, 7585 Foxchase Drive, Hamilton, OH 45011 (513) 874-8244. I/we hereby
release and discharge the Christian Music Conference, it's officers and members, from any and all obligations and/or liabilities resulting
from accidents or otherwise occurring as a result of my child's or my participation in, or attendance at the Christian Music Conference. I
give my permission for emergency medical treatment for my child. I understand every effort will be made to contact me.

Date Adult Signature (18 or over) Parent/Guardian Signature