

Grand Slam GUITARS

Lesson Registration

Student Information

Full Name: _____ Date Of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Additional Contact: _____ Phone: _____

Starting Skill Level: BEGINNER INTERMEDIATE

Preferred Instrument Type: ACOUSTIC ELECTRIC

Lesson Program Schedule: SINGLE LESSONS \$39.99 EACH WEEKLY LESSONS \$139.99 PER MONTH

Favorite Music Genre/Artist(s): _____

Favorite Guitarist(s): _____

Payment Information

Card Number: _____ Expiration Date: _____

Name on Card: _____ Security Code: _____

Commitment and Signature

By signing this registration agreement you understand that individual results may vary. Compensation of the instructor's scheduled time is not refundable. We request that cancelations or rescheduling of lessons must be completed at least one week in advance. Monthly lesson programs will automatically bill until course completion.

Signature: _____ Date: _____