

Pike Street Percussion Registration Form

Student's Name: _____

Parent or Guardian's Name: _____

Student's Date of Birth: ___/___/_____

Contact Information:

Student's Address:

Student's (or parent's) primary phone number: (____) - _____ - _____

Student's (or parent's) primary email address: _____

What is your preferred method of contact? Please circle one:

Phone call/text message

Email

Emergency Contact Information:

Name: _____

Relationship to student: _____

Primary Phone Number: (____) - _____ - _____

Primary Email Address: _____

Choose your lesson package (circle one):

The Casual Percussion Student

The 6th Grade Special

The Middle School Special

The Competitive Percussionist