



Parent's Name _____

Student's Name(s) _____

Student's Age(s) and Grade(s) _____

Phone Number _____ Text? Yes ___ No ___

Email (Required) _____

Tuesday thru Friday session fee is **\$100 payable by Cash, Check** made out to :
ABCG Music LLC (Fee must be paid prior to date to ensure enrollment)
Or PayPal to email: dtmusicacademy@gmail.com

Check appropriate box for week attending: _____ June 8-11
_____ June 22-25

Check appropriate box for age group/time: _____ K - 2nd grade 10:00 - 11:30
_____ 3rd - 5th grade 1:00 - 2:30

Student (Parent) Signature _____ Date _____