

REGISTRATION FORM

Musical Bridge of Brooklyn

Parent(s): _____

Address: _____

Telephone: _____ E-Mail: _____

Child(1) Name: _____ DOB _____

Child(2) Name: _____ DOB _____

Check one: ____returning Music Together/Musical Bridge family ____new family

Please register us for the following class (classes):

SuperGrooves Percussion—Thursday 4:15 at 1st Street

1st registered child (\$275) _____

2nd registered child (\$175) _____

Little Mozarts Level 1—Wednesday 4:30 at 1st Street

1st registered child (\$325) _____

2nd registered child (\$200) _____

Total Payment \$ _____

Please make checks payable to: **Musical Bridge of Brooklyn**
P.O. Box 180220
Brooklyn, NY 11218

Or pay by credit card:

Circle one: **Mastercard** or **Visa** Card # _____

Expiration Date _____ Security Code _____

Card Holder Name (please print) _____

Card Holder Signature _____

Musical Bridge of Brooklyn * 718-369-3099 * musicalbridgeofbrooklyn.com