

Rogue Valley Music Together Registration Form

Parents Name(s): _____ Last _____

Phones: Hm _____ Wk _____ Cell _____

Add: _____ City _____ State _____ Zip _____

E-mail: _____

Child #1 _____ Birthday _____

Child #2 _____ Birthday _____

Child #3 _____ Birthday _____

I would like to donate to the scholarship fund \$5 _____ \$10 _____ \$25 _____

Class Schedule

Jacksonville: Thurs 10:30

Jacksonville Library - In the meeting room

340 W. C Street, Jacksonville, 97530

Ashland: Wed. 10:00 or Fri 10:00, 11:00 (3+ only)

Oak St. Dance Studio

1287 Oak St. Ashland OR 97520

Class place, day & time _____

2nd choice _____

Registration Fees

Registration Fee - \$150 _____

Additional Sibling - \$80 _____

Total: _____

I

Please make checks payable to:

RVMT and send with completed form(s) to:
Laurie Finear, 17 Perrydale Ave., Medford,
OR 97501