



TORONTO Faculty of MUSIC

3820 Bloor Street West
Toronto, Ontario
M9B 1K8

REGISTRATION DATE _____

Student's Name _____ Date of Birth _____ M F

Mailing Name
(To appear on envelope) _____

ADDRESS: _____ APT# _____ CITY: _____ POSTAL CODE _____

Home# _____ Bus#(Mr) _____ Bus(Mrs) _____

E-mail Address _____ Cell# _____

Student's School _____ Grade _____ Musical Background/#yrs _____

Referred by: _____ Instr. _____ School Instr. _____

LESSONS ARRANGED FOR: Day _____ Time _____ Teacher _____

_____ Parent Signature _____

FINANCIAL AGREEMENT

REGISTRATION _____ **Received** Postdated Cheques _____ or **Will Pay** Pre-authorized Payments _____

LESSONS _____ Visa M/C Amex Expiration Date _____

BOOKS _____ Number _____

TOTAL _____ *Card Member Signature _____

* Permission is hereby given to debit the account bimonthly in accordance with this agreement