

PLEASE RETURN FORM BELOW BEFORE SEPTEMBER 1ST

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INSTRUMENTAL MUSIC PROGRAM - BALTIMORE - P. O. BOX 418 - WEST FRIENDSHIP, MD 21794 - 410-442-5804  
[www.instrumentalmusicprogram.org](http://www.instrumentalmusicprogram.org)

SCHOOL \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ INSTRUMENT \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ INSTRUMENT \_\_\_\_\_ GRADE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(City, State and Zip Code)

**PLEASE INDICATE METHOD OF PAYMENT:**

- (1) ( ) **Monthly Installment Plan:** Enclosed is \$25.00 registration fee *plus* \$91.00 for one child; or \$50.00 registration fee *plus* \$139.00 per family.
- (2) ( ) **Semester Payment Plan:** Enclosed is \$25.00 registration fee *plus* \$405.00 for one child; or \$50.00 registration fee *plus* \$612.00 per family. *To receive discounted tuition cost, semester payments are due by October 15<sup>th</sup> and February 1<sup>st</sup>.*
- (3) ( ) **Semester Payment Plan:** Enclosed is \$25.00 registration fee for one child or \$50.00 per family; *first semester tuition payment to be paid by October 15<sup>th</sup>. The second semester payment is due February 1<sup>st</sup>.*

**I UNDERSTAND THAT THIS ENROLLS THE ABOVE CHILD(REN) FOR THE ENTIRE SCHOOL YEAR.**

PARENT'S NAME (PRINTED) \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO THE INSTRUMENTAL MUSIC PROGRAM AND MAIL TO THE ABOVE ADDRESS