

United Teachers of Music
2866 S State Route 291 Ste J
Independence, MO 64057-1273
816.373.1807

Musical Opportunity Enrollment

Trial in Music

Date _____

Please enroll _____ age _____ as a student under the 8 Week Trial Program of your School of Music. School will furnish, under consignment, one _____ for use with this program.

I am herewith paying a \$55.00 enrollment fee in advance and agree to pay \$13.00 weekly, which is to cover the cost of the entire program, including weekly private lessons, band practice, all necessary music, aptitude tests and all reports pertinent to the progress of my child.

I understand in the event that I should cause this enrollment to be cancelled the Trial instrument shall be returned immediately to the School of Music, and all monies paid under the agreement shall be forfeited.

I HAVE READ AND APPROVED THIS AGREEMENT

Parent or Guardian _____

Address _____

City _____, State _____ Zip _____

Telephone _____

Cash with Enrollment \$ _____

Additional Payment: _____

\$ _____ on _____

Registrar _____