

Rock'Scool Brooklyn

389 Court Street
Brooklyn, NY 11231
718-596-4962
info@rockscoolbrooklyn.com

(print)
First/Last Name of Student (age if under 18)

(print)
First/Last Name of Parent or Guardian

Address

City, State, Zip

Home number Work Cell

Emergency Contact Name

Email

Other

Instrument Teacher

Scheduled Day/Time

Start Date 30/45/60 minutes

Pvt./Group Class Instrument

*Card #: _____
Cards Accepted: MC Visa Amex Discover

Exp. Date Code Name

***By signing below, I authorize Rock'Scool (a subsidiary of Musician's General Store Inc.) permission to automatically charge lesson payments to the credit card listed above.**

Signature: _____ Date: _____

Credit Card billing address (if different from above)

Address

City, State, Zip