

New Student Application

Please see the Policies Form for Lessons information.

PLEASE PRINT LEGIBLY.

Student(s) Name(s): (1) _____

(2) _____

(3) _____

(4) _____

Address: _____

City: _____ Zip: _____

Cell Phone: (_____) _____ - _____ Other Phone: (_____) _____ - _____

Email Address: _____

Person Responsible for Payments: _____

Please see the Policies and Tuition form for lesson rates.

Lesson Time: 30 Minutes 45 Minutes One Hour

Date of First Lesson: ____/____/____

Please Note: Payments are made monthly, on the first lesson of the month.

Payments by check are made out to: Michael Macari. I also accept cash, Paypal, Venmo, and Zelle.

Michael S. Macari
203-974-3788
MacariMusic@gmail.com
www.macarimusic.com