

Beth Kenniv Vocal Studio Registration Form

Class Name _____ (i.e. Musical Theater)

Teacher Name _____

Student Name _____ Age _____

School Attending _____ Grade _____

Parents' Names _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____

Home Phone _____ Cell Phone _____

Payment:

Payment is due in full at the beginning of the session.

Payments are made directly to the teacher in the form of checks (made out to the teacher) or cash in well marked envelope.

Mail Completed Form To:

Beth Kenniv, 904 Leslie Ct. Mason, Ohio 45040