

Welcome to the ACS! We are excited that you are joining us! There is a \$50 registration fee per 8 week session. Checks can be made payable to Jennifer Danko (mailed to 303 Nicole Ln Glen Burnie, MD 21061) or you can send by PayPal Friends and Family to jdanko@cablespeed.com 240-630-2072 Contact@ArundelStrings.org www.ArundelStrings.org

## **MUSICIAN INFORMATION**

Last Name:	First Name:
Date of Birth:	(Month/Date/Year)
School (if applicable):	Grade 2018-2019:
E-mail Address:	
Home Phone:	
	ne:
Home Address:	
City:	StateZip
Instrument:	Years played on Instrument:
Do You Study Privately?	Name of Private Teacher:
We strongly encourage al	members to receive private lessons and to be a part of their school mu
program.	
Years with Private Teach	r: Other Instruments Played:
Ensembles you have perfe	rmed in:
PARENT INFORMATIO	N (if applicable)
Mother/Guardian:	
Address (if different from	above):
Day Phone:	Cell Phone:
E-Mail:	
*Most of our communicat	on is done by e-mail***
Father/Guardian:	
Address (If different fron	above):
Day Phone:	Cell Phone:
E-Mail:	

PUBLICITY RELEASE		
I,, paren	t/guardian of (if applicable)	, give the
AACSO permission to use photographs, vide	os, and/or audio recordings of the stud	ent named above in AACSO
publicity materials. I understand that such app	pearances of this student in photograph	ns, videos, and/or audio
recordings will occur without compensation.		
Signed:	Date:	
(Parent / Guardian)		
MUSICIAN CONTRACT		
I,	, commit to prepare for and attend i	rehearsals and concerts of
the ACS of which I am a member. I understan	nd that I will not miss more than 2 rehe	earsals if possible and am
obligated to attend the semester's final conce	rt. I will remain loyal to previous con	nmitments to school,
community, and teachers, remembering that t	hese continue to contribute to my achi	evements.
Signed:	Date:	