

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

<u>jdanko@cablespeed.com</u> 240-630-2072 <u>Contact@ArundelStrings.org</u> www.ArundelStrings.org

## **MUSICIAN INFORMATION**

Last Name:	Firs	st Name:	
Date of Birth:	(Month/Date/Yea	ar)	
School (if applicable):		Current Grade:	
E-mail Address:			
Home Phone:			
Musician/Parent Cell Phone: _			
Home Address:			
City:	State	Zip	
Instrument:	Years playe	ed on Instrument:	
Do You Study Privately?	Name of Private To	eacher:	<del></del>
We strongly encourage all men	mbers to receive private	lessons and to be a part of their so	chool music
program.			
Years with Private Teacher: _	Other Instrume	ents Played:	
Ensembles you have performe	d in:		
PARENT INFORMATION (if	f applicable)		
Mother/Guardian:			
		Phone:	
E-Mail:			
*Most of our communication i	s done by e-mail***		
Father/Guardian:			
F M-21.			

PUBLICITY RELEASE		
I,, paren	t/guardian of (if applicable)	, give the
AACSO permission to use photographs, vide	os, and/or audio recordings of the stude	ent named above in AACSO
publicity materials. I understand that such app	pearances of this student in photograph	s, videos, and/or audio
recordings will occur without compensation.		
Signed:	Date:	
(Parent / Guardian)		
MUSICIAN CONTRACT		
I,	, commit to prepare for and attend r	ehearsals 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 com	nmitments to school,
community, and teachers, remembering that t	hese continue to contribute to my achie	evements.
Signed:	Date:	