



DES MOINES SYMPHONY

ACADEMY

2019 Summer Programs Registration Form

Camp/Workshop Name: _____

Instructor(s): _____

STUDENT REGISTRATION INFORMATION

Student Name _____ Student Birth date ___/___/_____

Instrument (if applicable): _____

CURRENT ACADEMY STUDENT - My contact information is already on file and has not changed.

Mailing address _____

City _____ State IA Zip _____

Primary/Billing Email address _____

Secondary Email address(es) _____

School _____ Grade 2018-2019 _____ Student Cell _____

Parent/Guardian _____ Primary Phone _____

Parent/Guardian _____ Primary Phone _____

PARENT/GUARDIAN POLICIES ACKNOWLEDGEMENT

By initialing and signing below, I acknowledge and accept the following:

1. I have received a copy of the Symphony Academy's Summer Programs Tuition, Attendance and Student Safety Policy and understand my responsibilities and obligations regarding tuition, attendance and student safety. _____(initials)
2. I grant permission for photos/video to be taken of my child for use in Symphony Academy promotional materials. _____(initials)

Parent/Guardian Signature

Date

PAYMENT INFORMATION

CHECK# _____ Please make checks payable to Des Moines Symphony Academy

CREDIT CARD (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS)

Card #: _____ Exp. Date: _____ CVC: _____

Completed Registration Forms can be returned to **Joshua Barlage, Managing Director,**
Des Moines Symphony Academy, 1011 Locust Street, Suite 400, Des Moines, IA 50309
or e-mailed to joshua@dmsymphony.org.