

Icicle Creek Music Center

PRIVATE LESSON REGISTRATION FORM

Return form to:
Icicle Creek Music Center
PO Box 2071
Leavenworth, WA 98826

Student's Name _____ Phone _____

Address _____

Email Address _____

Parent's Names _____

Parent's Work Phone-Mom _____ Dad _____

Parent's Cell Phone-Mom _____ Dad _____

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Requested Lesson Length: 1/2 hour _____ 3/4 hour _____ 1 hour _____

Payment Plan: Monthly _____ Semester _____ Yearly _____

Instrument: _____ Previous Years of Study: _____

Teacher: _____

Lesson Location: Icicle Creek Music Center
7409 Icicle Road
Leavenworth, WA 98826
509-548-6347