

3289 Solomons Island Rd, Edgewater, MD 21037 Ph. 410.956.0065 Fax. 410.956.4008

(Please print clearly, all fields are required and information is kept private)

Student Name:	Parent/	/Guardian:
Street Address:		
City:	State:	Zip Code:
Daytime Phone:	Evening Phor	ne:
Cell Phone:	Email:	
	Terms And Condi	<u>itions</u>
You must provide and bring your or	wn guitar, bass, or sticks e teacher. If you have sp	esponsible for lost time due to late arrival. s to your lesson. The format of the lesson pecial requests reguarding the format of you
time. The fee for each 30 minute le lesson of the month. You are oblig weekly scheduled lesson or not. The	esson is \$25. Fees are chated for payment for the nis includes pre-schedule ren for missed lessons.	y lesson slot you are reserving your teachers harged by the month and due on the first e entire month whether you attend your ed absences for vacations, special events, etc. If you elect for automatic debit payments, t scheduled lesson each month.
lessons. If this occurs, Bay Tunes, I	nc. reserves the right to refunded for you in the	y for a teacher to miss his or her scheduled provide a substitute teacher that day. If a form of a lesson credit. No cash refunds
notice that you cannot attend your lessons are not guaranteed, they a you do not attend a lesson and hav	lesson, you may inquire are a courtesy extended re not given notice you a	ou cannot attend a lesson. If you give 24 hour e if a makeup time is available. Makeup by your teacher if a time slot is available. If are not eligible for a makeup lesson. If you no further makeup lessons may be scheduled
the teacher) prior to the end of the on the schedule for the upcoming r	month you have paid for month and payment will	you must give notice to the management (no for. If you do not give notice you will remain I be due. You are not removed from the agement that you wish to be removed from
I have read the above policy and b	y signing below accept	the provisions herein.
Student or Guardian		
(For Office Use Only)		

Lesson Day and Time: _____ Teacher: ____ Start Date: ____