

THE KANACK SCHOOL SPECIAL OFFERING REGISTRATION FORM

Student's Name _____ Age _____

Parent's Names _____

Address _____

Email _____

Home phone () _____

Work phone () _____

Cell phone _____

PLEASE SELECT THE CLASSES YOU ARE TAKING:

- Pre-Twinkle Violin class 12:30 Saturdays (\$125)
- Pre-Twinkle Cello class 5:30 Thursdays (\$125)
- Soundsations class 7:00-8:30 Tuesdays (\$135/quarter)
- Opera Scenes class 3:00-5:00 Saturdays (\$180/quarter)
- Adult Chamber Music: TBA (\$150/10 classes)
- Chamber Music: 1:30-3:30 Saturdays (\$150/10 classes)
- Chamber Music: 2:30-4:30 Saturdays (\$150/10 classes)

Please pay the class fees (plus a \$15 registration fee per family if you are a new family) to the Kanack School at 2077 South Clinton Avenue, Rochester, NY 14618.

Chamber Music: Please fill out.

Instrument: _____ Age: _____

Current Piece: _____ Years Studied: _____

Chamber Music studied before: _____
