



Student Registration Form

Student Name _____

Instrument _____ violin _____ viola _____ cello _____ double bass

Years of Study _____ piano

Orchestral Experience:

Private Teacher _____ Phone _____

Teacher/Coach _____ Phone _____

Current School _____ Current Grade _____

Birthday _____

Any allergies or medical conditions Santa Barbara Strings should be aware of:

Parent/Guardian Name(s)

Parent/Guardian E-mail address(es) and Cell Phone numbers

Email: _____/Cell # _____

Email: _____/Cell # _____

Home Phone _____

Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT PERSON AND PHONE NUMBER:

Staff Notes: Program Fee of \$ _____ received on _____ check # _____