

United Teachers of Music  
2866 S State Route 291 Ste J  
Independence, MO 64057-1273  
816.373.1807

# Musical Opportunity Enrollment

## Trial in Music

Date \_\_\_\_\_

Please enroll \_\_\_\_\_ age \_\_\_\_\_ as a student under the 8 Week Trial Program of your School of Music. School will furnish, under consignment, one \_\_\_\_\_ for use with this program.

I am herewith paying a \$55.00 enrollment fee in advance and agree to pay \$14.00 weekly, which is to cover the cost of the entire program, including weekly private lessons, band practice, all necessary music, aptitude tests and all reports pertinent to the progress of my child.

I understand in the event that I should cause this enrollment to be cancelled the Trial instrument shall be returned immediately to the School of Music, and all monies paid under the agreement shall be forfeited.

I HAVE READ AND APPROVED THIS AGREEMENT

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Cash with Enrollment \$ \_\_\_\_\_

Additional Payment: \_\_\_\_\_

\$ \_\_\_\_\_ on \_\_\_\_\_

Registrar \_\_\_\_\_