



**HARFORD COUNTY PUBLIC SCHOOLS
2009 SUMMER MUSIC
REGISTRATION FORM**



Please enroll my child in the **2009 Summer Music Program** to be held **July 13 to July 17, 2009**.
Enclosed is a check, made payable to Harford County Public Schools, in the amount of
\$75.00 for 15 hours of lessons.

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Telephone: () _____ E-mail Address: _____

Instrument: _____ Current Music Teacher: _____

School Presently Attending: _____

Please Circle the Grade Presently Completing: **4** **5** **6** **7** **8**

Please check (✓) group of interest:

_____ **BRASS, WOODWIND & PERCUSSION**
Instrument: _____

_____ **STRINGS**
Instrument: _____

PLEASE RETURN TO YOUR CHILD'S INSTRUMENTAL MUSIC TEACHER
BY JUNE 10, 2009
OR
MAIL TO JIM BOORD, SUMMER MUSIC PROGRAM, HARFORD COUNTY PUBLIC SCHOOLS,
102 S. HICKORY AVENUE, BEL AIR, MD 21014
NO LATER THAN JULY 8, 2009

(This form may be duplicated as needed)