



UNIVERSITY OF MOUNT SAINT VINCENT

# conservatory

## ADULT REGISTRATION

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_

Private Instruction

Instrument

Lesson Length

Day & Time Preference

\_\_\_\_\_  
\_\_\_\_\_

Number of Lessons (Summer only) \_\_\_\_\_

GROUP INSTRUCTION

Class Name \_\_\_\_\_

\_\_\_\_\_

PAYMENT

Check enclosed payable to University of Mount Saint Vincent

To pay by credit card or to arrange a payment plan, contact Conservatory Director Keith Kreindler at 718-405-3446. A 2.85% credit card convenience fee will be applied.

Tuition Total: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

TOTAL: \_\_\_\_\_

I have read and agree to the Conservatory policies:

\_\_\_\_\_  
Signature Date