Columbia Institute
OF FINE ARTS

Registration Form

Student Name _____

Address _____

City _____ State _____ Zip

Home Phone _____ Business Phone_____

Mobile Phone _____ Email address_____

Parent(s)' Name(s) (if student is below age 18):

_____

Date of Birth (if student is below age 18):

_____

Private Instruction (please specify instrument): _____

Instructor (if preference) _____

Day of week _____ Lesson Time Preferred

☐ 30 minute lesson ☐ 45 minute lesson ☐ 60 minute lesson

Group Instruction (please specify class): _____

_____

Payment enclosed (payment is due in advance):

Registration Fee (one time only per family) :	$35.00
Private Instruction Tuition	_____
Group Instruction Tuition	_____
TOTAL:	_____

Signed _____

(Parent/Guardian must sign if student is below age 18)

Please read the Policies and Procedures statement before signing and retain a copy for your records. The $35 registration fee must accompany your registration. In the event that lessons or classes cannot be scheduled, the registration fee will be refunded.

Please send or e-mail your completed form with payment to:

Columbia Institute of Fine Arts
103 West Columbia Street
Falls Church, VA 22046