PIANO MASTER CLASS APPLICATION FORM

Student name: ................................................................. Home Group: ........
Home Phone Number: ......................................... Mobile number (parent) ..................................
Email address (parent)..............................................................................................................................

➢ The fee for involvement in the Piano Master Class program is $175 (please do not pay this until you receive an invoice)

Please sign below if you have read and agree to the terms stated. This form must be signed by a parent or a legal guardian.

This is confirmation that my child __________________________ wishes to participate in the Piano Master Class program at Williamstown High for the annual fee of $175.

Parent name__________________________________________
Parent signature_______________________________________
Date_________________________________________________

To help us determine prior experience please complete the following:

1. Please state previous experience on the piano by describing: piano/keyboard experience and reason for interest in the program. This may include: time studied, exams taken, self-taught experiences etc.

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________________________________________________________________________________________________
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2. What would you hope to gain from participating in this Program?

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________________________________________________________________________________________________

Please return this application to the main office at the Bayview or Pasco Campus by the end of week 1, term 1.