

# registration form



201 Washington Street  
 5th Floor, Suite 553  
 Reading PA 19601  
 610-374-7167 ph | 610-898-7686 fx  
 Registrar: info@berksmusicandarts.org

*Friends of CSMA Membership – Your membership will help to support this vital organization in accomplishing its mission in our community. Our goal is to offer music, art, theatre, and dance programs to all students regardless of race, religion, or economic background. We cannot accomplish this goal without the collective efforts of many individuals, businesses, and corporate sponsors. Your support at any level is deeply appreciated!*

## STUDENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### Students 18 or older

Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_

### Students Under 18

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age at time of Class \_\_\_\_\_ Current Grade \_\_\_\_\_

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

Please Print Name \_\_\_\_\_

By signing this registration form I allow the release of images of myself or my attending child solely for educational and promotional use by the Community School of Music and the Arts, for print materials, website use, videos, training materials, etc., while attending the Community School of Music and the Arts or participating in activities or events associated with the school.

\_\_\_\_ No, I prefer my/my child's image not be used.

## METHOD OF PAYMENT

Check # \_\_\_\_\_

Please make checks payable to The CSMA, Inc.

Visa  MasterCard  American Express Exp. Date \_\_\_\_\_

Credit Card # \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## CLASS INFORMATION & FEES

Class One # \_\_\_\_\_

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

Day/Time of Class \_\_\_\_\_

Class Fee \_\_\_\_\_

Studio Fee (If applicable) \_\_\_\_\_

Class Two # \_\_\_\_\_

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

Day/Time of Class \_\_\_\_\_

Class Fee \_\_\_\_\_

Studio Fee (If applicable) \_\_\_\_\_

Class Fee(s) \_\_\_\_\_

**Initial Registration Fee \$30.00**

**TOTAL AMOUNT DUE** \_\_\_\_\_

Please cut completed form(s) on dotted line and return with your payment

## Friends of CSMA – membership application

Your support means a lot! Membership dollars help fund program development and community outreach projects and events.

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## METHOD OF PAYMENT

Check # \_\_\_\_\_ Please make checks payable to The Community School of Music and The Arts

Visa  MasterCard  AmerExp Credit Card # \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Please indicated Membership Level:

- Basic Individual (\$35)
- Basic Family (\$50)
- Friend (\$50-100)
- Patron (\$100-500)
- Benefactor (\$500-1,000)
- Endowment (\$1,000-\$10,000)
- Other (\$\_\_\_\_\_)
- I would like to apply my gift toward the Scholarship Fund

*thank you for your support*