

GUITAR BOOT CAMP

REGISTRATION FORM

This form must be completed prior to enrollment. Please return with payment to the attention of Sana Bell at: The Grand, 818 N. Market Street, Wilmington, DE 19801 or fax 302-652-5346.

EIGHT-WEEK SESSION: February 11-April 1. Classes on Saturdays at 11am-12:30 pm

Student Name _____

Sex (M/F) _____ Age _____

Parent/Guardian (if student is under 18) _____

Address _____

Phone _____ E-mail _____

Emergency contact (include Name, Relationship, Phone) _____

I acknowledge that this course is designed only for participants who have at least one year playing experience on guitar.

Tuition: \$96 per student. Payment in full must accompany registration form.

Enclosed is my check, payable to Grand Opera House.

Please charge my credit card: \$ _____

American Express

Visa

MasterCard

Discover

Card number _____

Exp. date _____ Security code _____

Online payment at www.TheGrandWilmington.org/Academy

Photo Release: By signing this form, I hereby consent to and authorize the use and reproduction, in print or electronic format by The Grand Opera House, Inc. or anyone authorized by The Grand Opera House, Inc., of any and all photographs or videos taken of me (or my child) while participating in this program for any publicity purpose, without compensation. All images (electronic, negatives and positives, video and prints) are owned by The Grand and/or its photographers. I hereby acknowledge that I have read and agree to the terms of this release.

Signature (Parent/Guardian signature if student is a minor)

Date