



COLUMBUS STATE
UNIVERSITY

Music Conservatory Private Lesson Registration Form

Student Name:		Musical Instrument or Vocal Range:		
30 / 45 / 60 Minute Lesson [Circle one]	Date of Registration:		Date of Birth:	
Grade & School [If applicable]		Name of Parent or Guardian (If student is under age 18):		
Mailing Address:		City	State	Zip
Day Phone:		Evening Phone:		
Mobile Phone		Other Phone: [Please specify]		
E-mail Address:		Additional Comments		
Description of previous musical experience [if any]				
Amount included w. this form: [Contact Music Conservatory at [706] 641-5124 for amount if unknown]				

For registration please mail this form along with your check made payable to **Columbus State University** to the following address:

CSU Music Conservatory
Schwob School of Music
Columbus State University
900 Broadway
Columbus, GA 31901