

**DES MOINES SYMPHONY ACADEMY
2006-07 PRINTABLE COURSE REGISTRATION FORM**

Contact Information

Student Name: _____		Date of Birth: _____	
Parent/Guardian Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Daytime Phone: () _____		Evening Phone () _____	
E-mail: _____			

Registration Information

Course Title	Tuition Amount
<i>Evenings With The Orchestra</i>	\$200
Total Amount	

Instrument*	# of Years Studied

* where applicable

Payment Information

Note: Payment is required to confirm registration

<input type="checkbox"/> Check # _____	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Account # _____	Exp. Date: _____	
Signature: _____		

Return completed registration form to:

**Joshua Barlage
Academy Registrar
Des Moines Symphony Academy
1011 Locust Street
Des Moines, IA 50309
Or fax to: 280-4005 att. Joshua**

Office Use Only
Date Received _____
Date Processed _____
Payment Date _____