The University of North Dakota: Music Department

Community Music Program

REGISTRATION FORM

Student Name__________________________________________________________

Age and Grade (or Adult) _______________________________________________

Student Birthday_______________________________________________________

Previous music (playing or singing) experience___________________________

If so, how long? _______________________________________________________

Parents’ Names (if applicable)__________________________

Email address_________________________________________________________

Phone Number________________________________________________________

Select a class:

☐ Private lessons
☐ Group-Class: Beginners
☐ Group-Class: Second Semester
☐ Group-Class: Second Year

Select an instrument:

☐ Cello
☐ Piano
☐ Violin

Select payment option:

☐ By Semester (one time payment)
☐ By Installment (two installments)

Signature_____________________________Date________________________

Please return this completed form with the payment before the start date to:
Community Music
c/o Dr. Simona Barbu
3350 Campus Road Stop 7125
Grand Forks, ND 58202

Following registration, students will be contacted regarding class/lesson schedules.