



**DEBORAH'S STAGE DOOR**  
**CENTER FOR THE PERFORMING ARTS**  
**VOICE, AND PIANO SUMMER SESSION**  
 June 21, 2010 – August 5, 2010  
 Rochester Hills

**Price Reduction For Summer**

**Fees: ½ hour Private Voice and Piano Lessons . . . just \$150 for the SEVEN week session.**

**Voice and Piano**

Schedule: Tuesday 5:00 - 8:00

**Register early to assure best choice of time!**

Register for classes in ½ hour time periods. Please return this form with full payment. These slots are reserved on a first come - first served basis. We will need a separate form for each student and these classes are registered separately from the dance classes. Please make checks payable to *Deborah's Stage Door*.

Thank you.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone / Pager \_\_\_\_\_

Address \_\_\_\_\_ City and Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in School \_\_\_\_\_ District \_\_\_\_\_

First year enrolled at Deborah's Stage Door \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

Previous Voice, Piano or Guitar Experience \_\_\_\_\_

**Email:** \_\_\_\_\_ *Print Clearly*

**Classes to be taken:**

Day _____	Time _____	Type _____	Fee _____
Day _____	Time _____	Type _____	Fee _____

\*\*\*Only lessons missed by students of Deborah's Stage door and are involved in the national dance competition will be made up.

\*All students and the parents/legal guardians are aware of possible physical injury that may occur during acting/music/dance/gymnastic classes, performances, and/or rehearsals and are willing to assume those risks. It is agreed that students and their parents/legal guardians will not hold Deborah's Stage Door Center for the Performing Arts, it's directors, officers, and/or employees liable for injuries sustained while in attendance or while participating in any Deborah's Stage Door Center for the Performing Arts activity. We give our permission for Deborah's Stage Door, Inc. to use pictures and videos of our child for advertising purposes and to contact us through email at the address above – or an updated address we have supplied to the office.

Mother's Signature _____	Date _____
Father's Signature _____	Date _____
Student's Signature _____	Date _____

Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Rec'd by \_\_\_\_\_ On C \_\_\_\_\_  
 Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name of Cardholder(Please Print) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

There will be a 3% administrative fee included in this transaction and it will be charged to your card.