



Registration Form 2009-2010

(405) 216-2590, ccms@uco.edu
<http://www.ocae.net/ccms>
100 N. University Dr., Box 1045
Edmond, OK 73034

Star indicates required field.

*Student Name: _____ Date of Birth ___/___/___
(Last) (First)

*Parent/Guardian Name (if different or if student is under 18) _____

*Address _____

*City _____ *State ___ *Zip _____ *Email: _____

*Home Phone: _____ *Work or Cell Phone: _____

Present School and Grade Level: _____

Number of years of private instruction: _____

List other areas of music that you have studied: _____

*Please list the instrument you are interested in: _____

*First preferred lesson time: _____

*Second preferred lesson time: _____

The registration fee per semester is \$25.00 per student and is non-refundable. Make checks payable to CCMS. Once this form is reviewed, the CCMS office will contact you.