



South Georgia String Project & VSU Continuing Education

Summer String Lessons - 2017

This is **NOT** an absolute beginners program. Students **MUST** have taken one (1) or more semesters of strings classes.

Student Name _____ SS# (Last 4 digits) _____ Age _____ School _____

Parent / Guardian Name _____

Home Address _____ City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____ Email Address _____

How did you learn about this program? _____

☐ Check here if you do NOT wish to be contacted about upcoming events or sent reminders by email.

Emergency Contact: Other Than Parent Listed Above

Name _____ Relation _____ Primary Phone _____ Alternate Phone _____

Instrument (Check one)	<input type="checkbox"/> Violin	<input type="checkbox"/> Viola	<input type="checkbox"/> Cello	<input type="checkbox"/> Bass
-----------------------------------	---------------------------------	--------------------------------	--------------------------------	-------------------------------

Days	Dates	Time**	Fee* (check one)
4 Mon & 4 Wed	May 15 – June 7	4:30 – 5:20 PM	\$49 <input type="checkbox"/>
*Family Discounted Fee: (must complete a registration form for each family member)			\$109 <input type="checkbox"/>

***Family discounted fee:** \$109 flat fee for **3 or more immediate family members** registering/paying together.
Call Sue Bailey at 229-245-6484 for information (some restrictions apply).

****Please note: Due to other activities going on in the same space, students should not be dropped off before 4:15 pm and must be picked up before 5:30 pm.**

Payment Type:

☐ CASH (RECEIPT # _____)

☐ CHECK # _____
(Make Payable to VSU-CE)

☐ CREDIT CARD (MasterCard / VISA / Discover)

Card Holder _____
Print Name - Exactly as it appears on card

Security # _____
3 Extra Digits on Reverse

Billing Address _____
Same As Above? If Not, Print Address Here

Card # _____ Exp. Date _____

For your convenience, call our office at **229-245-6484** to register with credit/debit card by phone. Register in person at the Regional Center for Continuing Education, 903 N Patterson Street, Valdosta, Room 124, or mail this form with payment to VSU Continuing Education, 1500 N Patterson Street, Valdosta, GA 31698-0435.

Refund Policy: Full refunds minus \$5 or 5%, whichever is greater, will be given by contacting the Continuing Education office at 229-245-6484 at least three (3) working days prior to the beginning of the program. No refunds will be given for cancellations less than 3 working days prior to the beginning of a class, but you may send a substitute. No partial refunds will be given for classes missed. For classes cancelled by Valdosta State University, registrants will be issued a full refund.

