Date:	
	mm / dd / yyyy
User ID: _	
	If applicable
Birth Date	e:
	mm / dd / yyyy



Satori Certificate of Musicianship 141 E. St Joseph St., Arcadia, CA 91006

Tel: (626)446-4638 Fax; (626)446-0698

Email: satoristrings@live.com

## **Registration Form**

(PLEASE PRINT ALL INFORMATION THAT REQUIRES IN YOUR LEVEL WITH DARK PEN)

Applicant's Last Name:	First Name:
Parents' Last Name:	First Name:
Address:	
City:	Zip Code:
Home Tel:	Cell Phone:
Work Tel:	Email:
School Attendant:	Grade:
How Did You Hear About Our Program?	
Did You Participate in Our Program Before?	If Yes, When?
Private Teacher's Last Name:	First Name:
Work Tel:	Email:
Instrument: (please circle one choice)  Violin Viola Cello String Bass Piano I  Other:	
am interested signing up for: (please check or	ne choice)
Winter (4th weekend of January)	Spring (3rd weekend of April)
Summer (2nd weekend of August)	Fall (1st weekend of Oct)
am signing up for SCM: (please check one cho	ice)
Level I Level II Level III Level IV	Level V Level VI Level VII Level VIII
Level IX Level Advanced Virtuoso Art	tist I Virtuoso Artist II Virtuoso Artist III
Note: Cancellation has to be made 30 days prior to t	he scheduled evaluation for refund.
Applicants pay non refundab	le registration fee: \$25 plus your signed level fee below
Fees for Levels L. II. III. & IV: \$35 (15 minutes evaluation) Le	evel V, VI & VII: \$45 (20 minutes evaluation) Level VIII & IX: \$55 (25 minutes evalua

Level Advanced: \$65 (30 minutes evaluation) Virtuoso Artist I: \$75 (30 min evaluation plus 10 min one piece recital performance with DVD)

Virtuoso Artist II: \$85 (30 min evaluation plus 15 minutes two pieces recital performance with DVD)

Virtuoso Artist III: \$125 (30 min evaluation plus 30 min your own solo recital performance with DVD) For details please check our web.

Please make your total payment to: Satori Strings, 141 E. St Joseph St., Arcadia, CA 91006 Tel: (626)446-4638) Fax: (626)4460698