



ANN ARBOR
SCHOOL FOR THE
PERFORMING ARTS

4090 GEDDES ROAD
ANN ARBOR, MICHIGAN 48105

RETURNING STUDENTS ONLY

RE-REGISTRATION FOR SPRING 2008

Spring semester begins Jan. 21st

Name of Student: _____

Home Phone: _____

Name of Parent/Guardian: _____

Daytime/Work Phone: _____

Emergency Contact Info: _____

Medical Conditions: _____

Private lesson rates:

# lessons	30 minutes	45 minutes	60 minutes
14	\$420	\$560	\$700
15	\$450	\$600	\$750
16	\$480	\$640	\$800
17	\$510	\$680	\$850

For other class rates, please consult the catalog

Student is re-registering for:

<u>CLASS/LESSON</u>	<u>INSTRUCTOR</u>	<u>LENGTH OF CLASS</u>	<u>FEES</u>
(If private instruction, please include the number of lessons)			

**TOTAL: _____

Payment type: Check _____

Credit Card (**\$5 fee applies**): Visa ___ Master Card ___ American Express ___ Discover ___

Credit Card#: _____ Expiration Date: _____

Signature: _____

Billing Address: _____

****Please note that if payment is not made in full at time of registration, at least 1/3rd of payment MUST accompany re-registration form, in order for that student to be considered registered.**

I understand and accept the policies of AASPA (please see pages 15 and 18 in the 2007-2008 brochure) and accept responsibility for the charges and fees incurred. I will allow AASPA the use of photographs, artwork and/or recordings made at AASPA activities involving the student enrolled. I agree to hold AASPA staff, faculty, and volunteers harmless in the event I or my child is injured while participating in AASPA activities or events.

Signature of parent/guardian/adult student: _____ Date: _____