



The Music Asylum  
74 Martin  
Essex Ma.  
01929

## Summer Songwriting Sessions Registration Form

Student's name \_\_\_\_\_ Age \_\_\_\_\_

Do they play an instrument? Y\_\_ N\_\_ If Yes, which one(s) \_\_\_\_\_

### Contact Info

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

### Emergency Contact

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

Email \_\_\_\_\_

\_\_\_\_\_ I give permission to have my or my child's image be used for purposes such as newsletters, brochures, website, and/or promotional materials. This includes photographs and videos, as well as recordings of my or my child's music.

Do you wish to be added to The Music Asylum mailing list? Y\_\_\_\_\_ N\_\_\_\_\_

Sign name \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_

*\*\*Please send this form and a \$50 non-refundable deposit to The Music Asylum, 74 Martin Street, Essex, MA 01929.*