



# The Institute for the Musical Arts

PO Box 867 Goshen, MA 01032

Email: info@ima.org

## Summer Program

### Enrollment Packet

#### **Student Information:**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary email (if applicable) \_\_\_\_\_

I am of legal age and do not have a legal guardian:    NO    YES (if yes, use the legal guardian section as Emergency info)

#### **Parent or Legal Guardian Contact Information:** If applicable

If you are of legal age and do not have a legal guardian, fill this in as emergency contacts

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_ I have read the **FAQ** and **PACKING LIST** pages of the website and understand the information.

#### **I would like to enroll in the:**

\_\_\_\_\_ *Explore Rock 'n Roll Program (pre-teen 9-12)*    Session 1 \_\_\_\_\_    Session 2 \_\_\_\_\_

\_\_\_\_\_ *Rock 'n Roll Performance Program (teens)*    Session 1 \_\_\_\_\_    Session 2 \_\_\_\_\_

\_\_\_\_\_ *Studio Recording and Production Program (16-21)*

#### **Enclosed is:**

\_\_\_\_\_ My non-refundable processing fee of \$100 (or receipt of online payment)

\_\_\_\_\_ 50% of my enrollment fee (due 2 months before arriving) (or receipt of online payment)

\_\_\_\_\_ The full amount due for the program I selected (or receipt of online payment)

\_\_\_\_\_ I will be sending in an original composition for an ASCAP Foundation Scholarship

#### **Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

