



General Application Form

Applicant #1	Last Name	First Name	Birth Date (mm/dd/yyyy)	Male/Female
Allergies/Medical Conditions <input type="checkbox"/> _____ <input type="checkbox"/> None		Special Needs <input type="checkbox"/> _____ <input type="checkbox"/> None		
What are you signing up for? <input type="checkbox"/> Music Lessons <input type="checkbox"/> Recording <input type="checkbox"/> Artist Development				

Applicant #2	Last Name	First Name	Birth Date (mm/dd/yyyy)	Male/Female
Allergies/Medical Conditions <input type="checkbox"/> _____ <input type="checkbox"/> None		Special Needs <input type="checkbox"/> _____ <input type="checkbox"/> None		
What are you signing up for? <input type="checkbox"/> Music Lessons <input type="checkbox"/> Recording <input type="checkbox"/> Artist Development				

Adult Contact #1	Last Name	First Name	Relationship To Applicant	
Home Phone #	Work Phone #	Cell/Pager #	Email	
Address	Apt #	Town	Province	Postal Code
How did you hear about MATTOMUSIC?				

Adult Contact #2	Last Name	First Name	Relationship To Applicant	
Home Phone #	Work Phone #	Cell/Pager #	Email	
Address	Apt #	Town	Province	Postal Code

It is understood that MATTOMUSIC will provide supervision during the time of the lesson or event. MATTOMUSIC and its employees shall not be liable for any injury, loss, or damage to personal property. We grant permission to reproduce photos taken of the student, or members of their family for the purpose of publication, promotion, illustration, or advertising in any manner or medium.

I have read, understand and agree to all of the contents of this document.

_____ Date

_____ Customer Signature