



Music Together® Application

Student Information (Please Print)

Student Name	Date of Birth	Gender (circle one) M F	
Student Name	Date of Birth	Gender (circle one) M F	
Student Name	Date of Birth	Gender (circle one) M F	
Parent or Guardian	Home Phone	Cell Phone	
Address	City	State	Zip
Email			

Please check all that apply

- \$160 for the 1st child
- \$90 for the 2nd child in the same family
- \$75 for the 3rd child in the same family

\$_____ **TOTAL**

Siblings under 8 months of age at the time of registration attend free.

CREDIT/DEBIT CARD

Name as it appears on card: _____

Card Number: _____ CVV Code _____

Card Expiration Month: _____ Exp Year: _____

You can bring the completed form to the Academy or Mail to:
 Crossroads Worship Art Academy
 8255 Bell Oaks Drive
 Newburgh, Indiana 47630