



Adult Program Registration Form

If you have questions or would like more information, just contact us at 218-444-5606 or headwatersschool@yahoo.com. Please send completed form and entire payment to:
Headwaters School of Music and the Arts | 519 Minnesota Ave NW | Bemidji MN 56601

1st Workshop or Program Name _____
 Date and time _____ Cost _____ 2nd
 Workshop or Program Name _____ Date and
 time _____ Cost _____ First City
 Singers \$10 per month – please list amount and month/months _____ First City Hand
 Bell Choir \$10 per month -please list amount and month/months _____ Total Payment
 enclosed _____

Today's Date _____
 Name _____
 Address _____
 City/State/Zip _____
 Phone H _____ W _____ C _____
 Email _____
 Emergency Contact _____
 Emergency Contact Phone _____

I understand that photos/video/electronic recordings may be used in promotional materials, and I will take steps to remove myself if I am uncomfortable with my image being shared.

Allergy, health or accessibility concerns we should be aware of (please provide details)

If you are a member of **First City Singers** or **First City Hand Bell Choir**, please let us know if you will be absent over the course of the year.

- I will take part all year
- I will be gone the following months (please circle):

January February March April May June July August September October November December

If paying by debit or credit:

Name on Card _____ Zip _____
 Card Number _____
 Expiration date _____ 3 digit code _____
 Signature _____ Date _____

Office use

Payment rec'd _____
 Entered _____
 Confirmation _____