

**MUSIC PROGRESSIONS April 18-19, 2020
ENROLLMENT FORM**

Enrollment Postmark Deadline: Monday, March 9, 2020

TEACHER: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY, STATE, ZIP: _____

Level (1-10)	Student's Name	Choose Location	Preferred Day(s)	
		Kansas City April 18-19		

*Note: the preferred day and time slot, AM or PM, will be accommodated to the extent possible.
If students must be scheduled together, please list them together joined by a {.*

Total number of students enrolled: _____ Amount enclosed: _____

Mail **this form**, the **teacher work form**, and **one check** made out to KCMTA for the number of students x \$25.00 to:
Aurelien Boccard, 211 E 89th St. 64114 Kansas City, MO