

Baton Registration Form

Student First Name _____ Last Name _____

School _____ Grade _____

Parent First Name _____ Last Name _____

***Adult Registering child is responsible for tuition** Classes held Sept. through May*

Address _____ City _____

Zip code _____ Phone _____

Email _____

Please write legibly--this is our primary mode of communication.

Parent's Signature _____

****New Student Add \$30.00 for new baton cost All Checks Payable to CSM**

Tuition~ First session- \$135 pays Sept/Oct/Nov

or

Yearly Tuition Sept~May \$375.00 (a savings of \$30.00)

Checks Payable to CSM

Returning Students: Do you currently have a baton uniform? Yes or No