

**2014-2015 Registration For Classes  
in  
Albert D. Austin Mariachi Academy ~ Mariachi Viva**

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone Number - Home \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to student \_\_\_\_\_

Please check the appropriate answer:

I participate in band     I participate in orchestra    Instrument \_\_\_\_\_

Position/Chair in band or orchestra? \_\_\_\_\_    Years of Experience \_\_\_\_\_

I have not had musical instruction    Instrument I would like to play \_\_\_\_\_

**Attention Parents - Please check all that apply**

I am interested in car-pooling for performances

I am interested in car-pooling for classes/practice

I can help make phone calls/contact other parents

I am interested in helping with fundraising. I can help with \_\_\_\_\_

\_\_\_\_\_ .

Best time to contact me is  daytime, between the hours of \_\_\_\_\_ and \_\_\_\_\_  
 evenings, between the hours of \_\_\_\_\_ and \_\_\_\_\_  
 weekends

How did you hear about our Mariachi program?