



REGISTRATION FORM

HERENCIA Mariachi Academy

Student Name: _____ DOB: _____

Email Address: _____

Mailing Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell: _____ Home: _____ Work: _____

I am interested in playing the following instrument:

____ Guitar ____ Vihuela ____ Guitarrón ____ Trumpet ____ Violin

Do you have an instrument: ____ Yes ____ No Years of experience: _____

Parent Name: _____

Email Address: _____

Mailing Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell: _____ Home: _____ Work: _____

Emergency Contact: _____

Cell: _____ Home: _____ Work: _____

Parent Name: _____

Parent Signature: _____ Date: _____