



**INDIVIDUAL INSTRUCTION**

Registration for individual instruction is by appointment through the Dean's office. **Call (585) 454-4596 to schedule.**

**STUDENT/PARTICIPANT INFORMATION**

Are you a new student at Hochstein?  YES  NO  
Are you, or any member of your family, currently enrolled at Hochstein?  YES  NO  
Have you, or any member of your family, previously registered at Hochstein?  YES  NO  
How did you hear about Hochstein?  Radio/TV  Online  Referral  Printed Ad  Other: \_\_\_\_\_  
Student name: \_\_\_\_\_ M F (circle)  
Phone (home): \_\_\_\_\_ Email (most frequently accessed): \_\_\_\_\_  
Cell: \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: (for statistical purposes) \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Phone (work) \_\_\_\_\_

**For students under the age of 18, please complete the following:**

School attending: \_\_\_\_\_ Grade (Sept. 2016): \_\_\_\_\_  
Parent/Guardian 1: \_\_\_\_\_ Email \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_  
Employer/Occupation: \_\_\_\_\_  
Parent/Guardian 2: \_\_\_\_\_ Email \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_  
Employer/Occupation: \_\_\_\_\_

**ENROLLMENT INFORMATION**

Course or Ensemble Name:	Day:	Time:	Fee:
1 _____			
2 _____			
3 _____			
			Subtotal: _____

**FOR STUDENTS ENROLLING IN INSTRUMENTAL ENSEMBLES, PLEASE COMPLETE THE FOLLOWING:**

Instrument: \_\_\_\_\_  
Individual Lesson Teacher/Phone: \_\_\_\_\_  
Instructor Email: \_\_\_\_\_

*Please list NYSSMA Solo information below: If you have not participated in the NYSSMA Solo Festival, please list title and composer of lesson book(s) or other music you have studied.*

Title/Composer	Level	Num. Score
_____		
_____		
_____		

**Previous Ensemble Experience (use an additional sheet of paper if necessary):** \_\_\_\_\_

**PAYMENT INFORMATION**

Check/Money Order  VISA, MC, Discover & AmEx Subtotal from above \$ \_\_\_\_\_  
Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Registration fee \$ \_\_\_\_\_  
3-Digit Security Code \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_

Please automatically charge quarterly payments to the above credit card.