INDIVIDUAL INSTRUCTION

Registration for individual instruction is made through the Dean's office. Call 585.454.4596.

STUDENT/PARTICIPANT INFORMATION Are you a new student at Hochstein? \Box YES $\square NO$ Are you, or any member of your family, currently enrolled at Hochstein? \Box YES $\square NO$ Have you, or any member of your family, previously registered at Hochstein? $\supseteq YES$ $\square NO$ Student/Participant name (use one form per participant): _____ Phone: ______ Email: _____ Address: _____ City_____ State ____ Zip ____ County ____ Date of Birth: ______ Age: _____ Race: (for statistical purposes) _____ Gender _____ Employer Occupation Phone (work) For students under the age of 18, please complete the following: School attending: _____ Grade (Sept. 2021): _____ Parent/Guardian 1: ______ Email _____ Phone (home): ______ (work): _____ (cell): _____ Employer/Occupation: _____ Parent/Guardian 2: ______ Email _____ Phone (home):_____ (work): _____ (cell): _____ Employer/Occupation: _____ REGISTRATION FOR ARTS IN ACTION SUMMER CAMP Half Day, \$150/Session ☐ Session I, July 12-16 ☐ Session II, July 19-23 Full Day, \$250/Session ☐ Session I, July 12-16 ☐ Session II, July 19-23 □ Extended Day AM (8-9 am, M-F) \$35 □ Extended Day PM (3:30-5:30 pm, M-Th) \$50 ____ Sub Total \$10 Registration Fee (max. 2 per family) _____ Total REGISTRATION FOR TOPIC-SPECIFIC CAMPS, WORKSHOPS, & ENSEMBLES Camp/Ensemble Name: _____ Instrument (for instrumental camps/workshops/ensembles): Individual Lesson Teacher/Phone: List NYSSMA Solo information or title and composer of lesson books or music studied. Title/Composer ______ Level _____ Num. Score _____ Previous Ensemble Experience _____ ____ Camp/Workshop/Ensemble Sub Total _____ \$10 Registration Fee (max. 2 per family) _____ Total **REGISTRATION FOR ALL OTHER COURSES** Class Name: Day Time Fee _____ Sub Total _____ \$10 Registration Fee (max. 2 per family) _____ Total **GENERAL PAYMENT INFORMATION** ☐ Check/Money Order\$ OR ☐ VISA, MC, Discover & AmEx \$ _____ Card No._ _____ Exp. Date _____ Security Code ____

Cardholder Signature _____

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