MUSIC PROGRESSIONS 2017 ENROLLMENT FORM

Enrollment Postmark Deadline: Monday, March 6, 2017

TEACHER:		PHONE:	PHONE:				
ADDRESS	:	EMAIL:					
CITY, STA	TE, ZIP:						
Level	Student's Name	Choose I	Choose Location		Preferred Day(s)		
(1-10)		Kansas City April 22-23	Lawrence April 1-2	Sat AM	Sat PM	Sur	
	e preferred day and time slot, AM or f students must be scheduled togeth				ole.	1	
Total number o	of students enrolled:	Amount enc	Amount enclosed:				

Mail **this form,** the **teacher work form**, and **one check** made out to KCMTA for the number of students x **\$25.00** to: Veronica Nalley, 12419 Valley Brook Dr. Grandview, MO 64030