



Supplemental Music Lesson Program Monthly Statement

Student Name _____

Total Cost per Lesson (check one)

\$10 \$15 \$18 \$20 \$22

Instructor _____

Student Scholarship per Lesson \$ _____

Date(s) of Lesson(s) 1. _____
2. _____
3. _____
4. _____
5. _____

Total Lesson Cost	\$ _____
Less Total Scholarship	- _____
Total Amount Due	\$ _____

Comments _____

Advance payment is due to the instructor on the first lesson of the month. Address all billing inquiries to your child's instructor. Checks should be made payable to

Instructor's Phone _____

Address _____

E-mail Address _____

City/Zip _____



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