



CREATIVE ABILITY DEVELOPMENT

Teacher Training and Workshop

August 7 – 11, 2017

Registration Form

Name _____

Address _____

E-mail _____

Home Phone _____

Work Phone _____

Cell Phone _____

Instrument _____

Cost: \$ 500

Registration Fee: \$ 15

Total Enclosed: _____

Check or Money Order must be in U.S. funds payable to: Kanack School of Musical Artistry
Registration confirmation/receipt and further information will be mailed.

Please check appropriate box: Check Money Order VISA MasterCard Expiration Date: _____

Card #: _____ Print Cardholder Name: _____

Please return this form with your payment as soon as possible to:

Kanack School of Musical Artistry
2077 South Clinton Avenue
Rochester, New York 14618
(585) 244-6910
www.kanackschoolofmusic.com
www.creativeabilitydevelopment.com

Will you need a place to stay? : Yes No

If Yes, indicate preference: Home stay Bed and Breakfast Hotel