

# FALL 2016 Tuition Tucson Junior Strings

P.O. Box 32425 Tucson Arizona 85751-2425

520-307-5612

Student \_\_\_\_\_

Orchestra Placement \_\_\_\_\_ EAST  NW

Tuition includes: technique classes, weekly orchestra and sectional coaching & concerts

### TUITIONS:

	<b>C1: \$260</b>	<b>C2: \$215</b>	<b>JC: \$205</b>	<b>S1: \$190</b>	<b>S2: \$185</b>	<b>S3: \$180</b>
Monthly	\$90	\$75	\$75	\$70	\$65	\$65
Payment	\$90	\$75	\$70	\$60	\$65	\$60
Schedule	\$80	\$65	\$60	\$60	\$55	\$55

**Monthly Payments MUST be paid by the 5<sup>th</sup> of each month to utilize payment plan**

	<u>Invoiced Amount</u>	<u>Amount Included</u>
<b>FULL PAYMENT (PREFERRED)</b>		
Due Oct. 1	\$ _____	\$ _____

### MONTHLY PAYMENT OPTION

Due Oct. 1st	\$ _____	\$ _____
Due Nov. 1 <sup>st</sup>	\$ _____	\$ _____
Due Dec. 1 <sup>st</sup>	\$ _____	\$ _____

### DONATION

(\$75 donation requested in lieu of yearbook ad solicitation)

\$ \_\_\_\_\_

**TOTAL PAID**                      \$ \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ (Payable to Tucson Junior Strings)

Credit Card (MC or VISA) number \_\_\_\_\_ Exp. \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

### Tucson Junior Strings - Insurance Coverage

1. \$1,000,000 bodily injury liability
2. \$2,000,000 aggregate
3. Medical costs are covered at 100% if the accident is a result of a TJS function and there is no other insurance in force. Coverage while in private or public transportation is not included, nor is coverage for damaged, lost or stolen property (instruments) inclusive. Please review your own insurance policies for any other coverage you feel you require.

**I HAVE READ THE ABOVE STATEMENT REGARDING THE LIABILITY OF TUCSON JUNIOR STRINGS AND FULLY ACKNOWLEDGE AND ACCEPT THE TERMS AS SET FORTH**

Signature of parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

FALL 2016

# TUCSON JUNIOR STRINGS APPLICATION.

Eastside TJS

Northwest TJS

Orchestra Placement \_\_\_\_\_

## STUDENT INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student E-Mail \_\_\_\_\_ Student Cell \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Orch Director \_\_\_\_\_

Instrument \_\_\_\_\_ Private Teacher \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Father \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work phone \_\_\_\_\_

E-Mail address \_\_\_\_\_

Mother \_\_\_\_\_ Cell phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Workphone \_\_\_\_\_

E-Mail address \_\_\_\_\_ Fax number \_\_\_\_\_

## EMERGENCY INFORMATION

Primary Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name and relationship of person (other than parent) who could be called in the event of an extreme emergency when we CANNOT locate parent(s):

Name \_\_\_\_\_ Relationship \_\_\_\_\_