



Central Coast Youth Chorus
MUSIC MAKERS
FINANCIAL INFO FORM

Session #1: Sept 10 - Oct 29, 2024
Session #2: Jan 28 - Mar 18, 2025

SINGER'S NAME: _____

Parent/Guardian #1 Name: _____ Phone: _____

Parent/Guardian #1 Address: _____

Parent/Guardian #1 Email Address: _____

Parent/Guardian #2 Name: _____ Phone: _____

Parent/Guardian #2 Address: _____

Parent/Guardian #2 Email Address: _____

Which parent is financially responsible for payment of CCYC costs? Both Parent/Guard. #1 Parent/Guard. #2
 Other

If parents are not financially responsible, who is? _____

Email Address: _____ Phone: _____

Address: _____

Please circle your child's Session. Full payment is due at the first class.

<i>CHOIR GROUP</i>	<i>Session 1 (2024)</i>	<i>Session 2 (2025)</i>
<i>Music Makers (ages 5-6)</i>	<i>\$150</i>	<i>\$150</i>

**** Bounced check fees will be billed to the Parent.**

Tuition (As per selection above - due at time of registration)	+
Total	=

Method of Payment:

- Cash (please put in clearly marked envelope with name)
- Check payable to CCYC (Ck # _____ Date received _____)
- Credit/Debit Card (Visa/MC/Discover/AMEX) Card # _____ Exp _____

Name on Card _____ 3-digit Security Code _____

I authorize CCYC to initiate electronic payment for the selected Session to my credit/debit card acct.

Signature: _____

Scholarships available based on financial need – please apply online at www.centralcoastyouthchorus.org.

FOR OFFICE USE ONLY: COPIES TO Finance Manager

updated 8-19-24