



**Central Coast Youth Chorus**  
**MUSIC MAKERS**  
 FINANCIAL INFO FORM

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

SINGER NAME(S): \_\_\_\_\_

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 Session. Full payment is due at the first class.**

<b>CHOIR GROUP</b>	<b>Session 1 (2024)</b>	<b>Session 2 (2025)</b>
<b>Music Makers (ages 3-6)</b>	<b>\$150</b>	<b>\$150</b>

<b>Tuition</b> As per selection(s) above - due at time of registration	<b>+</b>
<b>Sibling Discount</b> 50% off 2nd sign-up	<b>-</b>
<b>Total</b>	<b>=</b>

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

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](http://www.centralcoastyouthchorus.org).

FOR OFFICE USE ONLY: COPIES TO  Finance Manager

updated 1-5-25