

Why I would like to learn to play the accordion

Your Name _____ Age _____ Date of Birth _____

Home Address _____

City _____ County _____ Zip Code _____

Telephone _____ E-mail address _____

Name of School _____ Home ___ Public ___ Private ___

Authorized by Parent/Guardian: _____
(Print complete name)

Parent/Guardian Signature: _____

I have taken accordion lessons: Yes No

I can read music: Yes No

I have an accordion: Yes No

Instruments I play: _____

Why I would like to learn to play the accordion (*up to 250 words*):

Mail this completed application to:

**CFAC c/o Carlos Reyna
612 Orchid Lane
Altamonte Springs, FL 32714**