

Orchestra Summer Practice

This once a week class is open to all present, former, and future Las Flores Middle School and Elementary School orchestra students. Students will learn solo and string orchestra literature using group instruction in 45 minute sessions. There will be four sessions assigned by ability level. Students may attend as many sessions as they want.

- Session I - 6:00 - 6:45 p.m. - Next year's 5th and 6th grade Orchestra students
- Session II - 6:45 - 7:30 p.m. - Next year's 7th Grade Orchestra Students
- Session III - 7:30 - 8:15 p.m. - Next year's 8th Grade Orchestra Students
- Session IV - 8:15 - 9:00 p.m. - Next year's High School Orchestra Students

All sessions will meet on 9 of the 10 Thursdays.
 During one week, I will go on vacation. I will let you know the date as soon as possible.

July 1 July 8 July 15 July 22 July 29 August 5 August 12 August 19 August 26
 September 2

Cost -
 \$50.00 - Class Fee - Payable to CUSD
 \$10.00 - Materials Fee - Payable to Steve Benefield at the first class

4 WAYS TO REGISTER

- ON-LINE:**
<http://community-ed-capousd-ca.schoolloop.com>
- MAIL:** Capistrano Adult School,
 31431 El Camino Real
 San Juan Capistrano, CA
 92675
- FAX:** (949) 489-1421
 Must include Credit Card Information
- IN PERSON:**
 Capistrano Adult School,
 31431 El Camino Real
 San Juan Capistrano, CA

» SORRY,
 NO PHONE REGISTRATIONS «

1. Fill out Registration form completely.
2. Include check made out to CUSD or fill out Credit Card information (MasterCard or VISA only; your transaction will read 'Adult School Registration').
3. Mark your calendar with class information.
4. Confirmation will be mailed if you send a self-addressed, stamped envelope.

REFUND POLICY

| Capistrano Community Education Registration Form | | | | | | | | | | | | |
|--|---------------|------------|----------------------------------|---------------------|-------------|----|-------|----|---|--|--|--|
| Material Fees may apply - check class description at http://community-ed-capousd-ca.schoolloop.com/ Sorry, no refunds after class starts. | | | | | | | | | | | | |
| LAST NAME | | FIRST NAME | | INITIAL | DATE | | | | | | | |
| ADDRESS (NUMBER & STREET) | | | | CITY | ZIP | | | | | | | |
| HOME PHONE | CELL PHONE | | | EMAIL | | | | | | | | |
| MINOR STUDENTS | PARENT'S NAME | | | STUDENT'S BIRTHDATE | | | | | | | | |
| EMERG CONTACT | NAME | | | PHONE NUMBER | | | | | | | | |
| Course # | Title | Day | Time | Fee | Location | | | | | | | |
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| PAYMENT OPTIONS | | | CREDIT CARD INFORMATION | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">CASH</td> <td>\$</td> </tr> <tr> <td>CREDIT CARD</td> <td>\$</td> </tr> <tr> <td>CHECK</td> <td>\$</td> </tr> </table> | | | CASH | \$ | CREDIT CARD | \$ | CHECK | \$ | Credit Account transaction reads: Registration Adult School Account number: MasterCard or VISA only _____ Expiration date: _____ _____ | | | |
| CASH | \$ | | | | | | | | | | | |
| CREDIT CARD | \$ | | | | | | | | | | | |
| CHECK | \$ | | | | | | | | | | | |
| MAKE CHECKS PAYABLE TO: CUSD | | | Credit card Authorized Signature | | | | | | | | | |