NIU Community School of the Arts Registration Form - Summer 2023

NIU Community School of the Arts, College of Visual and Performing Arts, Northern Illinois University, 1425 W. Lincoln Hwy. DeKalb, IL 60115
QUESTIONS? Call 815-753-1450 Email Ksherman2@niu.edu Visit csa.niu.edu EVENT # 19405

Parent’s name or Adult Student’s name______________________________________ Phone (Home or Cell)__________________________
Address_____________________________________________ Phone (Work)________________________________
City/State/Zip code_____________________________________________________ *Email (Student)______________________________
*Email (Parent)______________________________________________________ *We will not use your email for marketing purposes

1. Student Name____________________________________ Age_______ Instrument____________________________________
   ❑ Lessons Lesson Length (30/45/60 minutes) _____ Number of Lessons (6/other number of lessons) _____
   Requested Teacher_______________________________ Teacher Level________ Fee________
   ❑ Class/Ensemble Name of Activity________________________ Fee________

2. Student Name____________________________________ Age_______ Instrument____________________________________
   ❑ Lessons Lesson Length (30/45/60 minutes) _____ Number of Lessons (6/other number of lessons) _____
   Requested Teacher_______________________________ Teacher Level________ Fee________
   ❑ Class/Ensemble Name of Activity________________________ Fee________

3. Student Name____________________________________ Age_______ Instrument____________________________________
   ❑ Lessons Lesson Length (30/45/60 minutes) _____ Number of Lessons (6/other number of lessons) _____
   Requested Teacher_______________________________ Teacher Level________ Fee________
   ❑ Class/Ensemble Name of Activity________________________ Fee________

On-campus parking near the NIU Music Building between 7 a.m. and 5 p.m. Mon.- Fri currently requires a valid permit.
Purchase an optional CSA Parking Permit by visiting the campus parking webpage, niu.edu/parking/permits/visual-performing-arts.shtml

CSA Registration Fee ($10 required for each student on a new registration form) Fee_________
TOTAL (Full amount is due with registration) ________

Credit Card Users Only:
Please charge the total to my ❑ Visa ❑ MC ❑ Discover ❑ AmEx
Card #______________________________________________________________
Expiration Date (MM/YY)______________________________
Name and Address as it appears on the card/statement:
_________________________________________________________________
_________________________________________________________________

Paper Form Submission:
Mail: Address is above, checks payable to Northern Illinois University
Fax: 815-753-8372
Email: ksherman2@niu.edu
❑ Please do NOT photograph or record my/our children. I/We do not want my/our children used in CSA publicity, including display boards, press releases, website, recordings and brochures.

Office Use Only: Teacher Contacted________________________ Date____________ Confirmed____________