



## U Music Place Demo Class RSVP Form

**\*REQUIRED**

Date and Time: \*

Which demo class would you like to attend?

Child's Name:\*

Child's Age:\*

Parents' Name:\*

E-Mail:\*

Phone:\*

Referred By:

**After filling out, save form then email it to us at: [umusicplace@gmail.com](mailto:umusicplace@gmail.com)**