



## 2021-2022 Enrichment

### Chamber Music Intensive

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**Dolce Chamber Music Intensive** directed by Steve Merson, is a monthly enrichment group opportunity for intermediate and advanced students as a supplement to their weekly private lessons. This will provide a motivating format to expand students' musical experience to include Chamber Music ensembles as well as fiddling fun. The monthly class is tentatively scheduled on 1<sup>st</sup> Sundays of each month at 2:00-3:00 for intermediate students and 3:15-4:15 for advanced students beginning August 1<sup>st</sup> at Dolce Music Studio suite 1215. Performances will be scheduled each semester. To enroll, complete and submit this form to [Brenda@dolcesmusic.com](mailto:Brenda@dolcesmusic.com). Select payment option of auto debit and complete the attached authorization form for recurring monthly payment of \$50 or pay this amount monthly to [dolcesmusic.com/pay](http://dolcesmusic.com/pay).

Select: auto debit \_\_\_\_\_ [dolcesmusic.com/pay](http://dolcesmusic.com/pay) \_\_\_\_\_

Select: Spring Semester \_\_\_\_\_ and/or Fall Semester \_\_\_\_\_

Select: Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Student name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Private Teacher Name \_\_\_\_\_

Private Teacher email \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATED ACH DEBITS**

I hereby authorize *Dolce Music Studio LLC*, to initiate debit entries from my account on the 1st day of each month, in the amount of \$\_\_\_\_\_. If the day my account is to be debited, is on a weekend or federal holiday, it will be drafted the following business day. Listed below is my account information for the funds to be debited. I understand I must notify you of any changes to my account.

\_\_\_\_CHECKING                      \_\_\_\_\_SAVINGS

BANKNAME\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_

TRANSIT/ABA # \_\_\_\_\_ ACCOUNT# \_\_\_\_\_  
(routing number)

This authority is to remain in effect until *Dolce Music Studio* has received written notification from me of its termination. A thirty day notice is required for cancellation.

NAME\_\_\_\_\_   
(print please)

SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_