



## 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 in Chamber Music ensembles. The monthly class is scheduled on Sundays, January 9th, February 13th, March 6th, April 10th and May 15th at 2:00-3:30 for intermediate students and advanced students at Dolce Music Studio suite 1215. Performance is scheduled for May 22nd. To enroll, complete and submit this form to [Brenda@dolcesmusic.com](mailto:Brenda@dolcesmusic.com). Select the monthly payment option of \$50 as a recurring auto debit by completing the attached authorization form or semester payment of \$250 to [dolcesmusic.com/pay](http://dolcesmusic.com/pay) or by check on or before December 19<sup>th</sup>, 2021.

Select: monthly auto debit \$50 \_\_\_\_\_ semester pay \$250.00 \_\_\_\_\_

Select: intermediate \_\_\_\_\_ advanced \_\_\_\_\_

Commitment: Spring Semester (Jan-May) \_\_\_\_\_

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

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

Parent signature \_\_\_\_\_

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\_\_\_\_\_