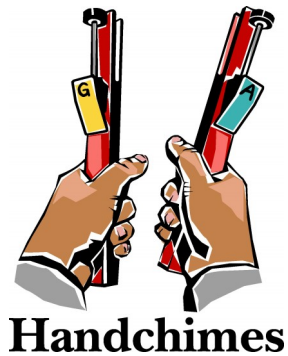


Fall 2023 St. Matthew's Lutheran Church
GODSBELLS REGISTRATION FORM



Dear Parents,

Please complete the information below and return it to Jeff Reeves via email. Rehearsals and Services may be photographed, or video recorded for future promotional materials. **Thanks for the opportunity to share the gift of music with your child!**

Child's Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Address, City, Zip: _____

Parent: _____ Parent: _____

Contact Phone Numbers: _____

Contact E-Mail Address: _____

Name of School/City: _____

Years of piano lessons: _____

Other instrument(s) student plays: _____ Years played: _____

Are there any things that I should know about your child which will help me to know him or her better? Anything which might help him or her in this setting?

Fill this form out. Print and return to Jeff, John, or the church office or Save the file and e-mail it back to Jeff Reeves at: jreeveswk@yahoo.com