

**Sylvia Woods Harp Center
Summer Practice Challenge 2007
Entry Form**

Student's name: _____

Telephone #: _____

Email: _____

Parent's name (if under 18): _____

Teacher's name: _____

We have agreed upon _____ minutes of practice time **per day**.

Teacher Signature

Student Signature

Parent Signature (if under 18)

Sign and return top portion to: The Sylvia Woods Harp Center, 915 N. Glendale Ave., Glendale, CA 91206



10% off!

Bring this coupon in to the Harp Center to register for the Summer Practice Challenge and receive 10% off any one harp book!