

OUR LADY OF THE ASSUMPTION SCHOOL
MUSICAL INSTRUMENT AGREEMENT

<u>INSTRUMENT</u>	<u>TYPE</u>	<u>INSTRUMENT NUMBER</u>
<u>STUDENT'S NAME</u>	<u>HOME ADDRESS</u>	<u>PHONE NUMBER</u>
<u>PARENT OR GUARDIAN'S NAME</u>	<u>PARENT OR GUARDIAN'S ADDRESS</u>	<u>PARENT OR GUARDIAN'S PHONE NUMBER</u>

TERMS AND CONDITIONS FOR USE OF INSTRUMENT:

1. **Purpose:** This Musical Instrument Agreement provides for the loan of the above instrument (which shall include its case and any related equipment) for use by the student named above to participate in the music enrichment program sponsored by The Norene Boyne Decker Charitable Trust for students at **Our Lady of Assumption School**. Anywhere the word "you" or "your" is used in this Agreement, it shall refer to the student named above and his or her parents or guardians.
2. **You are responsible for the above instrument.** The above instrument is and shall remain the property of **Our Lady of Assumption School**. You agree not to sell, give, transfer or otherwise allow any other person to use the above instrument. You agree to pay for the repair or replacement of the above instrument if it is lost or damaged (other than reasonable and normal wear and tear). **It is highly recommended that you add the above instrument to your homeowner's or renter's insurance policy as a scheduled item to protect against loss, theft, fire or other covered damage.**
3. **Return of Instrument.** You agree to return the above instrument to **Our Lady of Assumption School** at the end of the school year or upon termination of program lessons in as good condition as it was received, less normal wear and tear. The parent/guardian is financially responsible for cost of any repairs for damage beyond normal wear and tear, or replacement of the instrument if the above instrument is lost.

**WE EACH HAVE READ, UNDERSTAND AND AGREE
TO ALL THE PROVISIONS OF THIS AGREEMENT.**

Signature of student:

Signature of parent or guardian:

Dated _____

Student's name: _____

Grade: _____

Size: _____ (filled out by teacher) Do you have a violin? _____

Parent's name: _____

Email address: _____

Phone number: _____

Experience on violin, or any other musical experience:

VIOLIN LESSONS

- Lessons are Thursdays after school
- The cost for the year is \$350.
- There will be a brief meeting after school on **THURSDAY, SEPT 28**, to collect checks, forms and measure students for violins.
- MAKE CHECKS PAYABLE TO **KIM CURTIN**
- Violins are limited so first come first served!
- We will perform in the Christmas concert and Spring concert.
- **ANY QUESTIONS? PLEASE EMAIL MRS. CURTIN - NORDS3@YAHOO.COM**
- **FIRST LESSONS WILL BE ON THURS OCT 5**
- BEGINNERS 3-3:30, INTERMEDIATE 3:30-4
ADVANCED 4-4:30