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**PREUCIL SCHOOL OF MUSIC**  
**Suzuki Pedagogy Registration**

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Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

E-Mail: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
Home Day

Instrument: cello

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Course: Unit 4 Suzuki Teacher Training - Cello

Faculty: Laura Shaw

Date(s): August 27-October 15

Time(s): Friday, 11:30-1:30 CST

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*I agree to contract for instruction as specified above. Class cost is \$250. Maximum number of lecture hours will be 15, with 8 hours of observation required. Classes will take place on ZOOM with 2 optional in-person meetings. Contact Laura Shaw, [lschan@preucil.org](mailto:lschan@preucil.org), for payment instructions.*

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Student Signature/Authorized Signature

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Received by: \_\_\_\_\_ Check #: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Accounting: \_\_\_\_\_