

# Hillview Music Contract

**2005/06**

I have thoroughly read the music guidelines and will adhere to them throughout the school year. I am proud to be a member of the Hillview Music Program!

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

Ensemble(s) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent 1 Name/Email \_\_\_\_\_

Parent 2 Name/Email \_\_\_\_\_