## **Private Piano Lessons**

It's never too late to learn how to play the piano or revisit your faithful instrument after a long break. New Hope Parks and Recreation and Opus Music Academy have partnered to offer this new and exciting program for youth and adults ages 7 and up! Instructor will discuss the appropriate method book to purchase before lessons start. A keyboard will be available for use during lessons, but participants will need access to a piano or keyboard for daily practice outside of lessons. *Registration deadline is one week prior to the session.* 

- **110105-A:** Thursdays, April 4-25
- **110106-A:** Thursdays, May 2-23
- **110107-A:** Thursdays, June 6-27
- 110108-A: Thursdays, July 11-August 1
- **110109-A:** Thursdays, August 8-29 30-minute timeslots available from 3:30-7:30 p.m. (*lesson times will be confirmed via phone or email*)
- Location: New Hope City Hall, 4401 Xylon Ave N
  - Fee: \$125 New Hope residents \$132 Nonresidents

**Online Registration:** webtrac.nhrecexpress.com

Register with: New Hope Parks and Recreation 4401 Xylon Ave N New Hope, MN 55428 763-531-5151



Facebook.com/newhoperecreation

Refunds, program credits and transfers are allowed up to one week before the start of the program. In the event of an illness or injury, refunds may be given after the deadline. A doctor's written verification is required. All refunds are subject to a \$15 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card.

## Private Piano Lessons - Spring/Summer 2024

Name		Phone	Cell	
Address		City	Zip	
Birthdate	Parent/Guardian			
Email Address		Special Nee	ed	
Activity#	Preferred Time	Amount Enclosed \$		
			attorney, staff, and other personnel involved in t lerstand that the records are protected under sta	

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, altorney, stair, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the event to be used by the city in promotional materials.

Parent/Guardian Signature	Date		
-			
Am Ex/Discover/MC/Visa #	Exp Date	Zip Code	