



**LARISA BRYSKI VOCAL INSTRUCTION**  
3830 Auburn Blvd, Unit E/F, Sacramento, CA 95821  
(916) 837-7646 / [www.larisabryski.com](http://www.larisabryski.com)  
[larisa@larisabryski.com](mailto:larisa@larisabryski.com)

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name (if under 18): \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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**AUTHORIZATION FOR MONTHLY AUTO-PAY TUITION**

- I authorize Larisa Bryski to initiate electronic payments for monthly tuition for vocal lessons.
- I understand that payments will be automatically entered between the 1<sup>st</sup> and the 5<sup>th</sup> of each month.
- I also understand that the monthly amount will be adjusted whenever a lesson credit is owed by Larisa – this only includes lessons owed for holidays or when Larisa is absent, NOT for when the student is absent. Monthly tuition reserves a weekly lesson day/time (four lessons per month) regardless of the student's attendance.
- I also understand that TWO WEEK'S NOTICE is required to stop lessons / stop automatic tuition payment.

**Credit card information is stored by Larisa solely for the purposes of monthly vocal lesson tuition.**

Credit Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_