			Amount pa	nid \$
SOFA			Date:	
School of Fine Arts	Cash/Chec	Cash/Check or EFT Initials		
A Ministry of South (or EFT _			
11513 South Orange Blossom Trail, Orlando, FL 32837				Initials
-	southorlandobaptist.org	,		
_	Form — Fall Semester 2022 in lessons Nov. 14 thru Dec.	· -		
Student's Name:	1			
,	Last	First	Middle	
Age:	Sex: M or F	Date o	of Birth:	
Primary Phone:		Alternate Phone:		
Student's Address:				<u>,,,,,,</u>
	Street	City	State	Zip
Email Address:(Please print legibly)	· · · · · · · · · · · · · · · · · · ·			
Applying for: (please circle	e one) Art Drums Flute	Guitar Piano Voice	Other	
Teacher	+			
request:	Day of week,	/Time: 1st choice (ex. Mon. 3pr	m) 2nd choice (ex.	Thurs 4:30om)
				, , , , , , , , , , , , , , , , , , ,
	Parent/Guardian si	ignature	Da	te
		Fuition Schedule		
\$15 F	Registration fee applies to all		, once per calendar yea	ar
Payment Plan				
information (check on	e) Prepay in full (\$240			
		(due on or before the 15th of e		
	4 payments of \$60*	(due on or before the 15th of e	each month)	
	yable to SOBC or write South ne and class. Checks may be di			the memo line
Or you may pay using 2	-	*	sh App.	
1. Enter the name	e: First Name South Orlando		ur CashApp account is \$SouthOrlandoBaptist	
Last Name Bap 2. Enter mobile n	otist Church number 407-234-9563	It is li	inked to telephone #4	07-234-9563

For Office Use Only

*Please note, payment plans have a \$5/month

surcharge.

Whichever payment method you choose, please make sure to include the student's name and SOFA, so your funds are credited appropriately. Thank you.

3. If you have to enter an email address:

giving@southorlandobaptist.org

4. Choose Business5. Choose Send