

TCMS INSTRUMENT REPAIR FORM

STUDENT'S NAME _____

PARENT'S NAME _____ phone number _____

Street _____

City, State, Zip code _____

I WANT MY INSTRUMENT REPAIRED BY:

Circle one:

MUSICMASTERS

ARTS MUSIC

PORTMAN'S

Circle one:

IF NEEDED MY INSTRUMENT MAY GO TO THE REPAIR SHOP. I HAVE INFORMED MY PARENTS OF THIS AND WE UNDERSTAND THAT I WILL NOT HAVE MY INSTRUMENT IN CLASS FOR AT LEAST A WEEK.

OR

MY INSTRUMENT MAY **NOT** GO TO THE REPAIR SHOP. ANY REPAIRS DONE NEED TO BE DONE HERE IN THE BANDROOM.

DETAILED DESCRIPTION OF REPAIR NEEDED (example: notes your instrument will not play, which part of the instrument is affected, name of key that needs repair)
