Studio of Renee LaBonte

Registration Form 2025-2026

Please print this form and submit with your registration/recital activities fee of $75 per family and a signed copy of the student/parental contract to the address below.

*Student Name	
*Student Date of Birth	*Student Age
*Address (including zip code)	* Home Phone
*Parent Name (Mother)	*Parent Name (Father)
*Parent Cell Phone (Mother) *Occupation (Mother)	* Parent Cell Phone (Father) * Occupation (Father)
*Email (Mother)	*Email (Father)
*Email (Student)	
*Student Cell Phone Number (if applicable)	
*School	* Grade
Please list three possible days and times that would work for your lesson.	
(1) _____ (2) _____ (3) _____	

Please make checks payable to

LaBonte Management and Performance LLC

7403 Falls Road West

Boynton Beach, Florida 33437