GUITAR WORKSHOP PLUS APPLICATION PROCESS

Applications will be accepted on a first-come first-serve basis space permitting. You may email, fax or mail us your completed application form. All applications must be accompanied by payment in order to be processed.

Payment Policy: Payment in full is preferred and may be made by check, money order, or credit card.

Paying by check or money order: For those students paying by check or money order, a convenient installment plan is available as follows:

- A minimum non-refundable deposit of 50% of total charges (including all options) per session will be accepted with the application form. The remaining balance shall be due in two equal payments on or before April 1 and May 1.
- Subject to space availability, applications will still be accepted after May 1, however, the full tuition fee must accompany the application form.

Paying by credit card: The full tuition amount will be charged when the application is received. We accept Visa and MasterCard.



SAN DIEGO 2026 APPLICATION FORM



Please print clearly, complete all information and send applications to: GUITAR WORKSHOP PLUS

99 Queen Street South, Mississauga, Ontario, Canada L5M 1K7

Phone: 905-567-8000 • Fax: 905-785-2831 Email: info@guitarworkshopplus.com www.guitarworkshopplus.com

PLEASE NOTE: All credit card registrations are charged the full tuition amount in US dollars. If paying by check, please mail full payment or a non-refundable deposit of 50% of total charges (including all options) per session and post dated installment checks along with your application. Outstanding balances not paid by May 1 are subject to a late fee. Upon receipt of a signed notice of cancellation in writing before April 1, total payment received minus the non-refundable deposit will be refunded. Cancellation notices will only be accepted via registered mail or courier. After April 1, all fees are non-refundable.

Student Name:	
First	Last
Address:	
City:	State/Prov.:
Country:	Zip/Postal Code:
Telephone (Home):	
Telephone (Business):	_
E-mail:	
Age: Gende	
Name of Parent/Guardian: _ (if under 18)	
Telephone (Home):	
Telephone (Business):	
How did you hear about our pr	ogram?
☐ Advertisement ☐ Teache	r 🔲 Music Store
☐ Web Site ☐ Friend	☐ Other

Please Specify (Include Name)

Indicate Skill Level and Class OR Seminar Choice for the session(s) you are attending:

San Diego June 21 – 26, 2026	
☐ Beginner ☐ Intermediate ☐ Advanced	(Class or Seminar Choice here)
Pricing (see website for details):	
Commuter Package & Meals - \$2270	
session (Tuition and Lunch & Dinner Daily)	\$
Shared Room w/ Two Beds - \$2899/session	\$
(Tuition, 3 Meals Daily, Shared Accommodar Requested Roommate's Name	
Single Room w/ One Bed - \$3340/session (Tuition, 3 Meals Daily, Private Accommodations)	\$
Registration Fee (\$120) (non-refundable) +	<u>\$120</u>
Multi-Session Discount (-\$100.00) -	\$
Optional Extras: Sub T	otal = \$
Amp Rental (\$40)	\$
Extra Night - Early Arrival (\$255)	\$
To	otal = \$
(Fees are in U.S. dollars and include all applicab	le taxes)
Payment Method:	
Check or money order enclosed Visa M	astercard
Credit Card Number:	
Expiry Date:CV	/V code
Card Holder Name:	
Card Holder's Signature:	
Applicant's Signature:	
Parent/Guardian's Signature(if under 18)	
Date:	