



JANUARY *newsletter*

Chewning School of Music



Student of the Month: Malachi Dafni

- What instrument(s) do you play? *Drums*
- What has been the thing you've learned in lessons that you have enjoyed the most? *Learning the different ways to hold drumsticks*
- Who is your favorite drummer? *Josh Dun*
- What other interests do you have? *Golf, drawing, creating, history, reading*
- How long have you been playing? *Almost four years*



Teacher Spotlight: Andres Roa

- Where were you born? *Ibagué (music city) of Colombia.*
- At what age did you start playing drums? *I became fully committed to drums at the age of 16 years old.*
- What other instruments do you play? *Singing, Hand Percussion and some piano are other instruments I play.*
- How many times a week do you perform in Nashville? *I play in Nashville 4 to 8 times per week.*
- What do you like to do for fun? *I love watching my favorite movies, some reading.*
I collect records, so I love listening to vinyl.
I enjoy my time playing with my little girl as well as spending time with wife and daughter.
I love eating good food and good ice cream.
- Best place you've ever visited? *So far, Italy is the best place I have ever visited.*

info@chewningschoolofmusic.com

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Suite 106

Spring Hill, TN 37174



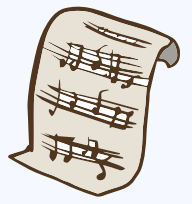


Our 2026 lessons begin Monday, January 5th.

There will be 46 lessons in 2026,
more than in years past!

Making resolutions for the New Year? Music
lessons are always a good idea,
no matter what your age!!





REFER A FRIEND AND GET A FREE LESSON!

Do you have a friend who might like to take lessons, so if you refer them to the studio and they take one month of lessons, we will give you ONE lesson for free! It's very easy to refer someone.

Just fill out the certificate below, hand it to your instructor and we will take care of the rest.

There's no maximum to the amount of lessons you can receive!



Chewning School of Music Free Lessons Gift Certificate

Thank you (Given by) _____

For Referring _____

Date: _____

- 1) To redeem your free lesson, call 615-302-8112 and sign up for an additional lesson, any day of the week, with your teacher or any other teacher on staff. You are welcome to give this certificate to a friend.

Lessons cannot be rescheduled once they are on the studio calendar.

- 2) Certificates can not be used as lesson credits to your account or cash.



3015 Belshire Village
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615-330-2800



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Learn to Play an instrument
Chewning School of Music
info@chewningschoolofmusic.com



Piano
Voice



Violin
Drums



Flute
Trumpet



Guitar
Ukelele



Cello
Bass



Songwriting
Saxophone



Oboe
Clarinet



Viola
Cello





Chewning School of Music

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3015 Belshire Village Drive

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Authorization Agreement for ACH Payments

(I/We) do hereby authorize the Chewning School of Music LLC, hereinafter named the COMPANY, to initiate recurring (debit or credit) entries to (my/our) (Credit Card Account) as indicated and named below as the depository financial institutions, hereafter named FINANCIAL INSTITUTION. (I/We) acknowledge that the origination of ACH transactions to (my/our) account must comply with the provisions of U.S. law. Furthermore, if any such debit(s) should be returned NSF, (I/we) authorize the COMPANY to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$25.00 per item by electronic debit from my account identified below, and I authorize all of the above as evidenced by my signature below.

First Month's Tuition: _____

Total first month's charge: _____ Date: _____ Please write your initials here approving charges: _____

Payment amount: _____ (monthly) Continuous payment start date: _____

Payments are recurring and are deducted on the first of each month until a withdrawal form is submitted.

_____ **AUTO DRAFT FROM CHECKING ACCOUNT (Attach a voided check)**

Name on Account: _____

Financial Institution Name: _____

Branch: _____ City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

AUTO DRAFT FROM CREDIT OR DEBIT CARD

MC _____ VISA _____ AMERICAN EX _____ DISCOVER _____

Name of Cardholder: _____

Account Number: _____ Exp. Date: _____

CVV _____ Zip Code _____

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

POLICIES, PAYMENT AUTHORIZATION, AND WAIVERS (Sign after reading policies, payment authorization, and waivers)

I have read and understand the CSM policies and procedures, payment authorization agreement, injury and vehicle waiver, and I agree to abide by them.

Student Name (Please print)

Signature of parent or adult student

Date