



MUSIC REGISTRATION FORM

PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WK/ CELL \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER \_\_\_\_\_

HAVE YOU EVER HAD VOICE LESSONS? \_\_\_\_\_

HAVE YOU PLAYED AN INSTRUMENT BEFORE? \_\_\_\_\_

WHAT INSTRUMENT(S)? \_\_\_\_\_

HOW MANY YEARS? \_\_\_\_\_

*Please help us by CIRCLING your child's current Music/VOICE Level ability with  
A=ADVANCED B=BEGINNER C- INTERMEDIATE C=NO PRIOR LESSON*

*Please CIRCLE the type of music lesson you are registering for*

*Piano          Guitar          Saxophone          Voice Lessons*