

Group Guitar Class

INSTRUCTIONS: Please fill out and return to instructor. All information is kept confidential and will not sold, given away, or used for anything EXCEPT for class-related use.

STUDENT INFORMATION

Name:

Last

First

M.I.

Address:

Street Address

Apt #

City

State

ZIP Code

Phone: () _____

Cell Phone: () _____

Email: _____

School District: _____

Age: _____

School Grade: _____

Your Guitar Pref: **ACOUSTIC** or **ELECTRIC** (*circle one*)

Played guitar before: **NO** **YES** If YES, how long? _____

Fav styles of music: _____ Fav artist/groups: _____

How did you hear of this course? _____

Anything the instructor should be aware of (*allergies, other*)? _____

EMERGENCY CONTACT INFORMATION (if under 18)

Name:

Last

First

M.I.

Phone: () _____

Alt. Phone: () _____

Relationship to Student: _____