



Musically Inclined Guitar Studio

Student Registration Form

Student Information:

First Name _____

Last Name _____

Contact Email _____

Contact Phone _____

Emergency Contact Info _____

Home Address _____

Musical Instrument Experience (Instrument and Level)

Select Age Group

- 8-14 years old
- 15-25 years old
- 26-49 years old
- 50+ years old

Instrument Preference

- Acoustic Guitar
- Electric Guitar

Musically Inclined Guitar Studio

Student Registration Form

What is your playing level?

Never Played

Beginner

Intermediate

Advanced

Payment Preference?

Term #1: Sept-Dec (16 weeks)

Term #2: Jan-June (23 weeks)

Full semester (39 weeks)

Monthly

What is the best day for lessons?

What is the best time slot for lessons? *(Lesson times in accordance with my business hours)*

10am-1pm (Saturdays only)

1pm-4pm (Tuesday - Friday)

4pm-6pm (Tuesday - Friday)

Musically Inclined Guitar Studio

Student Registration Form

Who are some of your favourite musicians?

What Musical Genres are you interested in? (Ex Folk, Rock, Pop, Country, Blues, Metal, Jazz etc)

What are your specific learning goals?

Questions/Comments:

****Please send all filled out forms to musicallyinclinedguitar@proton.me****

