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

Instrument Preference

Acoustic

Musically Inclined Guitar Studio

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What is your playing level?

Never Played

Payment Preference?

Monthly

What is the best day for lessons?

Monday

What is the best time slot for lessons?

11am-1pm (Monday-Friday)

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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