



## Application Form

DATE:

LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

HOME TELEPHONE:

BIRTHDAY:

AGE:

YOUR CELLPHONE:

YOUR EMAIL:

SIN

PARENT/GUARDIAN'S NAME:

INSTRUMENT

TRUMPET

TROMBONE

BASS

PIANO

GUITAR

SAXOPHONE

DRUMS

VOCAL

CAN YOU READ: TREBLE CLEF

BASS CLEF

BOTH

NUMBER OF YEARS STUDYING MUSIC:

NUMBER OF YEARS ON INSTRUMENT:

PERFORMANCE EXPERIENCE:

NAME OF SCHOOL (CURRENTLY ATTENDING):

NAME OF MUSIC TEACHER:

NAME OF PRIVATE TEACHER (IF ANY):