

BRASS Instrument

1. Name _____ Home Phone: _____

E-Mail: _____ Cell Phone: _____

Address: _____

City, State, ZIP _____

(Please circle the best way to get In touch with you)

2. Age, and If Applicable, Grade in School: _____

3. Hobbies: _____

4. Instrument Goals: _____

5. What Kind of Music do you listen to?

6. What Kind of Music would you like play?

7. Do you know how to Sight-Read or read music to any extent? Explain...

8. What would you like for me to specifically help you with while in Lessons?

9. What kind of experience have you had playing your Instrument and performing on stage?

