



THE FRIESE STUDIO CAMP / CLASS REGISTRATION

Class or Camp _____

Dates _____

Participant

Name _____

E-Mail: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City, State, ZIP _____

2. Age and if applicable, Grade in School: _____

3. Hobbies: _____

4. Have you ever had any other musical lessons or training? If Yes, explain

5. What kind of music do you listen to? _____

6. What are your 3 favorite bands or musicians _____

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

8. What would you like us to specifically help you with ?

9. What goals do you have for this camp or class ? (Use the back of this paper if you need to)

