

Summer Program Registration Form – Summer 2018

SUMMER NIGHT MUSIC

Indian Hill Music School, PO Box 1484, Littleton, MA 01460 Tel. (978) 486-9524 Fax (978) 486-9844

Family Name: _____

() New Student *HOW DID YOU HEAR ABOUT US?* _____

() Continuing Indian Hill Student () Current IHM Student/New to Instrument

Student Name _____ Date of Birth _____ Male/Female _____

Home Phone # _____ Work # _____ Cell # _____

E-Mail _____

Address _____ Town _____ State _____ Zip _____

Emergency Contact : _____

(Name)

(Relationship)

(Phone)

List student's allergies, special needs, physical limitations, or medical issues: [] None

Indian Hill is required to maintain records for reporting to state and federal funding agencies. Please check one:

() Caucasian () African-American () Asian-American () Native-American () Hispanic () Other _____

➔ I have reviewed the policies and procedures in print or on the web site and agree to abide by them.

Signature _____ Date _____

Indian Hill Music does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, citizenship, ancestry, age, mental or physical disability, veteran status, or any other category protected under applicable law in its admissions, education programs, activities, or employment policies.

SUMMER NIGHT MUSIC – Chamber Music for Adults

TUITION: \$395 (Total due in full at registration)

SCHEDULE: Wednesday evenings, 7:00 to 9:30 pm
7 Weeks, Starting July 11, 2018 through August 22, 2018
Concert: Wed, 8/22 at 7:00 pm

INSTRUMENT: _____

If you would like to be placed in your second ensemble with a different instrument, please indicate it here –

SECONDARY INSTRUMENT: _____

PLEASE FILL OUT THE QUESTIONNAIRE ON THE BACK OF THIS FORM (or attached as a separate page)

Tuition \$ _____

Amount Paid \$ _____ [] Cash [] Check: No. _____ [] Master Card [] Visa [] Discover

Name on Card _____ Signature _____

Credit Card # _____ Exp. _____

For Office Use Only AC _____ PM _____ Email _____
Pd in Full \$ _____ QB _____ TS _____

SUMMER NIGHT MUSIC – Student Questionnaire

1. STUDENT NAME: _____

2. INSTRUMENT(S): _____

3. HOW LONG HAVE YOU PLAYED YOUR INSTRUMENT? _____

4. ANY PRIVATE LESSONS? Number of years: _____

Teacher(s) Name: _____

5. PLAYING LEVEL: Beginner _____ Advanced Beginner _____ Intermediate _____
Advanced Intermediate _____ Advanced _____

6. REPERTORY: *List some representative repertory and etudes you are working on or have studied in the past:*

7. ENSEMBLE EXPERIENCE:

8. ENSEMBLE REPERTORY: *If you have participated in the Adult Chamber Program or Summernightmusic in previous years, please list repertory that you performed in those festivals (attach additional page if needed):*

9. REPERTORY PREFERENCES: *List any preferences for particular pieces, composers, musical eras:*

10. ENSEMBLE PREFERENCES: *List any preferences you have for an ensemble, instruments you would/would not want to work with, musicians you would like to work with, etc.:*