

# Summer Program Registration Form – Summer 2017 SUMMERNIGHTMUSIC

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 \_\_\_\_\_

Non-Discrimination Policy: Indian Hill Music does not discriminate on the basis of race, color, religion, sex, 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.

## SUMMERNIGHTMUSIC – Chamber Music for Adults

**TUITION: \$375 (Total due in full at registration)**

**SCHEDULE: Wednesday evenings, 7:00 to 9:30 pm  
7 Weeks, Starting July 5, 2017 through August 16, 2017  
Concerts: Wed, 8/16 at 8:00 pm, Thu, 8/17 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 Em Conf \_\_\_\_\_  
AC \_\_\_\_\_ PM \_\_\_\_\_ Pd in Full \$ \_\_\_\_\_ QB \_\_\_\_\_ TS \_\_\_\_\_

# SUMMERNIGHTMUSIC – 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.:*