

Indian Hill Music- Custom Ensemble Program Questionnaire

Return to IHM office by February 13th

Student Name	Youth or Adult (<i>please circle</i>) If youth, please provide your age and grade:
Address	
Home Phone	Email

Instrument(s): _____

How long have you played your instrument? _____

Playing Level: *please circle* Beginner Intermediate Advanced

Number of years in private or group lessons? _____

Teacher's name(s): _____

Repertory: Please name a few pieces you are working on or have completed

Ensemble Experience: _____

Ensemble Preferences: Please list instruments you would/would not like to work with

Schedule: Please include all days and times that you would be available

You will be contacted by a coordinator before March 1 for scheduling

Placement is not guaranteed, as this program is dependent upon sufficient interest and mutually agreeable scheduling.