

INDIAN HILL MUSIC – CUSTOM ENSEMBLE PROGRAM QUESTIONNAIRE

1. STUDENT NAME:

2. INSTRUMENT(S):

3. ____ADULT

____YOUTH Grade____ Age____ PARENT(S):

4. ADDRESS:

5. HOME PHONE:

6. EMAIL ADDRESS:

7. HOW LONG HAVE YOU PLAYED YOUR INSTRUMENT?:

8. ANY PRIVATE LESSONS? Number of years: Teacher's Name:

9. PLAYING LEVEL: Beginner____ Intermediate____ Advanced____

10. REPERTORY: *Please name a few pieces you are working on or have completed, plus any technical studies.*

11. ENSEMBLE EXPERIENCE:

12. ENSEMBLE PREFERENCES: *Please list any preferences you have for an ensemble, instruments you would/would not want to work with, etc.*

13. SCHEDULE: *Please include all days and times you would be available for ensemble practice, and indicate preferred schedule.*

MAIL OR BRING YOUR COMPLETED FORM TO THE IHM OFFICE

Please note: placement is not guaranteed as the program is dependent upon sufficient interest, faculty coach availability and mutually acceptable scheduling.

Indian Hill Music, PO Box 1484, Littleton, MA 01460