

THEO Instrumental Ensemble

Student's Name _____

Primary Instrument _____ Secondary Instruments _____

Address _____ City _____ Zip _____

Home Phone _____ Grade _____ Birthday _____

Student's Email _____ Parent's Email _____

Parents' Names _____

Cell/Work Phones _____

When did you begin playing? _____ Do you currently take private lessons? yes no

If yes, who is your teacher? _____

If no, how did you learn to play? _____

Have you ever played in a group before? yes no

If yes, please describe: _____

On the staff, please show your comfortable playing range _____

Why do you want to be in the instrumental ensemble? _____

Do you have any limitations on the types of music you can play? _____

Parents – in what ways can you help? Publicity Field Trips Assist in class time
 Play in group Sound Tech Communications
 Other _____

On the back of this page, please share your ideas and interests for the group. Be as IMAGINATIVE as possible.