

Student Information Form
Adult Chamber Music Camp/Introductory Chamber Camp for Adults

Name: _____

Address: _____

City/State/Zip: _____

Phone day: _____

Phone evening: _____

Email (if checked regularly): _____

Dates between now and July 14th when you will be out of the Twin Cities area:

Your instrument: _____

How many years you have played: _____

Do you have experience on other instruments? If yes, please list:

Do you read music? yes no

Do you take private lessons? yes no

Teacher's name: _____

Do you have any experience playing in a chamber group? If yes, please describe the group
(quartet, trio, chamber orchestra)

Have you performed:
Ever? yes no

In an orchestra? yes no

In a chamber group? yes no

If you want to add private lessons during Camp week, please check here. We will contact you about scheduling and additional tuition fee.

Yes! I want private lessons.