

In Case of Emergency, Notify:

Address: _____ Telephone (_____) _____

Parent or Spouse Name:

Address: _____ Telephone (_____) _____

Schools Attended

School: _____ Address: _____

Dates of Attendance: _____ Course of Study: _____ Degree: _____

School: _____ Address: _____

Dates of Attendance: _____ Course of Study: _____ Degree: _____

References

	Name	Phone	Relationship
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

PERSONAL QUESTIONNAIRE

What would you like to get out of this Program?

What training have you had in the field of health?

Are you a licensed health practitioner?

If so, what is your area of expertise?

Are you a musician or songwriter?

What instrument do you play and at what level of proficiency?

Have you had any formal musical training/education? If so, please describe.

Languages fluent in:

Do you have any physical limitations or disabilities that we should be aware of?