



Student Full Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Primary Parent or Guardian Name: \_\_\_\_\_

Primary Parent or Guardian Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Primary Parent or Guardian Email Address: \_\_\_\_\_@\_\_\_\_\_

Primary Parent Cell: Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home/Work Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Secondary Parent or Guardian Name: \_\_\_\_\_

Secondary Parent or Guardian Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Secondary Parent or Guardian Email Address \_\_\_\_\_@\_\_\_\_\_

Secondary Parent Cell: Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home/Work Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Grade in School Fall 2018 \_\_\_\_\_

Location of Preferred Gerber Class: `

\_\_\_ Petoskey \_\_\_ Charlevoix \_\_\_ East Jordan \_\_\_ Boyne City \_\_\_ Beaver Island

\_\_\_ Harbor Light \_\_\_ Pellston/Alanson \_\_\_ Elk Rapids (Both Elementary Schools)

Please indicate areas of interest. Check all that apply.

\_\_\_ Strings Class in School

\_\_\_ Individual Lessons – Suzuki Method

\_\_\_ Individual Lessons

\_\_\_ Dorothy Gerber Youth Orchestra

Instrument of Choice: \_\_\_ Violin \_\_\_ Viola \_\_\_ Cello \_\_\_ Bass

Do you currently have an instrument: \_\_\_ YES \_\_\_ NO

If YES, do you rent or own? \_\_\_ Rent \_\_\_ Own \_\_\_ Borrow

If Rent, from whom? \_\_\_\_\_

If you do not own or rent an instrument, would you be in need of assistance (SCHOLARSHIP) to obtain an instrument or private lessons? \_\_\_ Yes \_\_\_ No \_\_\_ Maybe

I agree to let Dorothy Gerber Strings Program use photographs and videos taken during classes, lessons, and events for marketing and on the website for promotional purposes.

\_\_\_ YES, I AGREE

\_\_\_ NO, You may not use my child (name: \_\_\_\_\_) in photographs for

marketing or promotion. Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_