



205 Harding Blvd West, Richmond Hill, ON. L4C 8X6  
 contact@studiodavidbertram.com  
 905-780-0159

www.studiodavidbertram.com  
 www.davidbertram.ca

## REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_, Ontario.

Postal Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date:

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ (Family one preferred)

### FOR STUDENTS UNDER 18 YEARS OF AGE ONLY

Mom Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dad Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mom Business #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dad Business #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

### WOULD ALL STUDENTS PLEASE COMPLETE THESE QUESTIONS

- 1) Please list previous vocal experience: (Solo, choir, professional, none, etc.)
  
- 2) Please tell me when is the best time for your lessons? (Days, times, etc.)
  
- 3) What are your musical influences? (Favourite artists, songs, etc.)
  
- 4) What are your vocal aims or goals for taking lessons? (Auditions, exams, fun, perform, improve technique, etc.)

DO NOT WRITE BELOW THIS LINE

	Low		High	
1. Pitch Matching Ability:	1	2	3	4
2. Interval Recall Ability:	1	2	3	4
3. Rhythmic Ability:	1	2	3	4
4. Range:	Between _____ and _____.			

Comments and Vocal Tone: \_\_\_\_\_

Classification: Soprano, Alto, Changing, Counter Tenor, Tenor, Baritone, Bass, Variable.