

TERRIGAL PIANO STUDIO

ADULT ENROLMENT FORM

Your Name: _____
(in full, as you would like it to appear on certificates etc)

Date of birth: _____

Street address: _____

Email address: _____

Current level of playing: (Beginner, Preliminary, Grade etc) _____

Type of instrument at home: (piano - acoustic/digital, keyboard): _____

Goals for learning: (please be as specific as you can)

Please advise any medical conditions/learning issues that I may need to be aware of:

Emergency contact details please: (in case I cannot contact you)
Contact name and relationship:

Contact numbers: _____

Where did you find out about Terrigal Piano Studio: _____

I have read and understand and accept the Terrigal Piano Studio Policy

Signed: _____ **Date:** _____