



Sacramento Vocal Music
Confidential Registration Form

Name _____ Birth Date _____

Address _____ Telephone _____

City, State, Zip _____ E-mail _____

Medical Concerns _____

Emergency Contact(s) _____

Emergency Phone(s) _____

Physician _____ Physician Phone _____

Person(s) to whom minor students may be released _____

Other information _____

For Administrative Use Only

Date of First Visit _____ **Referral Source** _____

Service Type Weekly Lessons _____ Weekly Classes _____ One-time Coaching _____

Gender Male ___ Female ___

Vocal Range Soprano _____ Mezzo _____ Alto _____ Tenor _____ Baritone _____ Bass _____

Level Youth Beginner _____ Intermediate _____ Advanced _____ Professional _____

Adult Beginner _____ Intermediate _____ Advanced _____ Professional _____

Performance Experience None _____ Rarely _____ Some _____ Often _____

Performance Level School _____ Community (Youth) _____ Community (Adult) _____

Regional _____ Professional _____

Initials _____