

MIRIAM TIKOTIN'S STUDIO APPLICATION FORM

Please fill out the form and bring it to your first lesson.



PERSONAL DETAILS:

Name: _____
Male/Female: _____
Date of Birth: _____

CONTACT DETAILS:

E-mail: _____
Phone: _____
Mobile/Work: _____
Address: _____
Address (cont): _____
City: _____
Postal/Zip code: _____
Province / State: _____
Country: _____

MUSICAL BACKGROUND:

Do you play an instrument (Y/N)? _____
If yes, which instrument/s: _____
Number of years: _____
Reading notes skills (strong/some/none): _____
Writing notes skills (strong/some/none): _____
Sight singing skills (strong/some/none): _____
Piano skills (strong/some/none): _____
Musical instrument/s at home (Y/N): _____
If yes, which instrument/s? _____
Additional information about your musical background:

SINGING BACKGROUND:

Vocal training (where and number of years): _____

Vocal experience: _____

Choral activity (where and number of years): _____

Preferred musical style/s: _____

Role model/s (if any): _____

Which song/aria would you like to work on your first lesson (beginners: choose a song you like and know well, preferably by heart)? _____

Describe your vocal goals: short term (3 months), medium (1-2 years), long term

Additional information about your singing background:

HEALTH:

Voice problems (past/present): _____

Do you smoke (Y/N)? (If you're serious about your voice - you should quit smoking) _____

Last visit to laryngologist (ear-nose & throat doctor, specializing in the larynx): _____

Do you suffer from reflux/heartburn (Y/N)? _____

(GERD/reflux: gastric acid secretions may irritate vocal folds) _____

Allergies (I have a cat; are you allergic to cats?): _____

Special medical conditions: _____

Medications taken regularly (antihistamines dry the vocal folds): _____

MISC:

Where did you hear about the studio? _____

Feel free to add any additional information that you think is relevant or important:

The student understands that in order to demonstrate, the teacher might occasionally touch the student and/or ask the student to touch the teacher in the abdominal/dorsal or head/neck areas. Usually the teacher will ask for permission before touching, but at any point that the student feels uncomfortable she/he must say so immediately and the teacher will stop. _____ (sign initials)

Thank you for taking the time to fill out this form.
This will help us get a quick and efficient start.