

Wheaton

Music Department

Fall 2009

Music Lessons and Ensembles

Music Department Preliminary Registration Questionnaire

Please return this form with your other preliminary registration materials. Additional questions may be addressed to Professor Tim Harbold, Wheaton College, Music Department, Norton, MA 02766 (telephone: 508.286.3595; email: tharbold@wheatoncollege.edu).

Name: _____ ID # W _____
Address: _____ Cell Phone # _____
_____ E-mail Address: _____
Potential Major: _____ Class Year: _____

MUSIC LESSONS

I would like to take lessons in _____

- I am interested in taking lessons for **academic credit**, and I would like to schedule an audition.
- I am interested in taking **non-credit** lessons.

MUSIC ENSEMBLES

Please indicate ensembles you plan to join, and indicate whether you plan to participate for academic credit.

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Wheaton Chamber Orchestra | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Wheaton Wind Ensemble | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Wheaton College Choral and Chamber Singers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Wheaton Jazz Band | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Wheaton World Music Ensemble | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EXPERIENCE

Please provide the requested information.

instrument or voice part _____
years of experience _____

Please return the completed questionnaire with your registration materials by August 3 2009