

Music Lesson Application

Name	First:	Middle:	Last:
Date of Birth :	Age:	Gender: Male(), Female()	
School:			Grade:
Tel	Cell:	Home:	Work:
Home Address			
Email Address			
Current Church:			
Which instrument do you want to learn?			
What instruments can you play and how long have you learned?			
What made you apply for this music lesson?			
*** All applicants will need to submit their applications to the church office and be willing to undergo an interview with the director of this program.			