

Client Registration

The following information is being collected for the sole purpose of Dixon Guitar Studio communicating with clients regarding lessons and events. Dixon Guitar Studio will never share your information with a third party without your written consent.

Student Information

Name (First and Last): _____ Age: _____

Previous guitar instruction? Yes No

If yes, how recently and how long? _____

Previous music experience? Yes No

If yes, please describe.

What do you want to be able to play on the guitar?

Contact Information

For minor students, please provide the contact information for the parent or guardian. If you are listing more than one parent or guardian, please indicate whose email or phone number you have listed.

Please list your contact information in order of preference for communication. Please include at least one phone number.

Name of parent(s)/ guardian(s): _____

Most preferred contact method: _____

Secondary contact method: _____

Other contact (if applicable): _____

Other contact (if applicable): _____

Other contact (if applicable): _____