



205 Harding Blvd West, Richmond Hill, ON. L4C 8X6  
 contact@studiodavidbertram.com  
 905-780-0159

www.studiodavidbertram.com  
 www.davidbertram.ca

**REGISTRATION FORM**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_, Ontario.  
 Postal Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ (Family one preferred)  
 Birthdate: (day/month/year) \_\_\_\_\_

**FOR STUDENTS UNDER 18 YEARS OF AGE ONLY**

Mom Cell #: \_\_\_\_\_ Dad Cell #: \_\_\_\_\_  
 Mom Business #: \_\_\_\_\_ Dad Business #: \_\_\_\_\_  
 Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

**WOULD ALL STUDENTS PLEASE COMPLETE THESE QUESTIONS**

- 1) Please list previous vocal experience: (Solo, choir, professional, none, etc.)  
 \_\_\_\_\_
- 2) Please tell me when is the best time for your lessons? (Days, times, etc.)  
 \_\_\_\_\_
- 3) What are your musical influences? (Favourite artists, songs, etc.)  
 \_\_\_\_\_
- 4) What are your vocal aims or goals for taking lessons? (Auditions, exams, fun, perform, improve technique, etc.)  
 \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

	Low		High
1. Pitch Matching Ability:	1	2	3 4
2. Interval Recall Ability:	1	2	3 4
3. Rhythmic Ability:	1	2	3 4
4. Range:	Between _____ and _____.		
Comments and Vocal Tone: _____			
Classification: Soprano, Alto, Changing, Counter Tenor, Tenor, Baritone, Bass, Variable.			