

# LISTER-SINK INSTITUTE

## *Intensive Training Week Registration Form & Questionnaire*

Send this form with application fee of \$50 and video link/s to:

Barbara Lister-Sink, Executive Director

Lister-Sink Institute

staff@lister-sinkinstitute.org

P.O. Box 575

Lewisville, NC 27023

DATE OF WORKSHOP \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_

STREET/APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE/CO. \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

### QUESTIONNAIRE

1) Nature of your involvement in music/professional: *(please list title/employee/school/degrees)*

2) Number of years you have played the piano/organ/keyboard:

3) Have you ever been injured from playing your instrument? If so, please describe the time and nature of the injury.

4) Please describe briefly the type of technical training you have received thus far.

5) Are there any medical, health or other pertinent factors which you believe should be brought to the instructors' attention before participating in this workshop?

6) How did you learn of this program?

7) What specifically would you like to address during the training?

**WINGSOUND is not liable for injury at any time during the training program. Trainee is solely responsible for maintaining his/her own well-being through a prudent, mindful awareness of his or her physical limitations and abilities. Payment is expected on the first day of training, unless otherwise agreed upon by the instructor. By signing I agree to these terms.**

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian (*where applicable*) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: PLEASE INCLUDE WITH YOUR APPLICATION A YOUTUBE VIDEO LINK OR DVD OF YOUR PLAYING IF AT ALL POSSIBLE. DURATION: 10 MIN. MINIMUM.**