

# Valerie Williams – Voice Studio

Name \_\_\_\_\_  
Parent's name \_\_\_\_\_  
Address \_\_\_\_\_

Home telephone \_\_\_\_\_  
Work telephone \_\_\_\_\_  
Other telephone \_\_\_\_\_  
E-mail \_\_\_\_\_ URL - http:// \_\_\_\_\_

How did you first hear about voice lessons?

Previous musical experience:

Favorite singers, styles of music and influences:

I agree to pay the appropriate tuition due on the first lesson of the calendar month. I understand that I will be charged for all lessons whether or not I attend, unless I give at least 24 hours notice of a cancellation. Please make checks payable to

**Valerie Williams.**

Signature \_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Date signed \_\_\_\_\_