

Guitar Lessons

Name: _____

Number of Lessons (0-7) _____

Home Town: _____

Age: _____

Number of Years at Camp: _____

Camp Division: _____

Please describe your musical background (None is OK!):

What type of music do you enjoy?

What would be two goals for the summer? (maybe a song, or play at campfire)

(For instructor use only)

Total Lessons _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

***initial and date each lesson**