



WorshipFingers

Gospel Music Training Center

Building the Total Gospel Musician

Registration Form

Fill out these forms to provide easy reference in the event of an emergency. Members may be required to provide this information prior to training. After you fill out these pages, make a copy and submit to us, then put this in a safe place other than a safe deposit box. Be sure that people close to you know where to find these papers. Someday they will appreciate it.

Personal Details
Full name _____
Date of birth _____
Address _____
City & State _____
Country or Region _____
Phone Number[s] _____
Occupation _____
Marital Status _____
How long have you been a Musician? _____
Do you presently play/sing for any Church or Group? _____
*Experience level 1 – Beginner 2 – Intermediate _____ 3 – Advanced 4 – Professional/Teacher

Referee Details
Full name
Address
City & State
Country or Region
Phone Number[s]
Occupation
Relationship with the entrant

Interest Details
Specialty interest [singing/instrumentation/both]
Favorite style of music
Instrument of interest
Instrument of present specialty
Learning speed [fast/medium/slow]
What are your challenges in music that you have discovered yourself?
What is your target? [Teacher/Church musician/fun]
What are your expectations from this course?

Course Details
Course
Date
Sign

Please do not leave any block unfilled. If it does not apply to you, fill in N/A for Not Applicable.