

The Harp School, Inc.

P.O. Box 486 Burns, TN 37029

Application Form

Fall___ Spring___ Summer___ 200___

Name _____

Parents' Names _____

School Grade ___ School _____ Age ___ DoB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Other _____

email address _____

I was referred to The Harp School by _____

I am a ___ beginning student.

I have ___ have not ___ taken a Harp School Quick Start Class.

I am a ___ transfer student.

I have ___ have not ___ studied with Carol McClure
in a masterclass or workshop.

Please mail to:

Harp School, Inc.
PO Box 486
Burns, TN 37029

Please provide a brief description of your music study to date, including other instruments studied, and latest repertoire played.

