



COMMUNITY PLAYERS SIGN UP

Salutation: (circle one) Dr. Mr. Mrs. Ms. Miss Other: _____

Name(s) (First/Last): _____
(as you would like it to be listed in the playbill)

Street Address: _____

City/State/Zip: _____

Email: _____ Phone: () _____

Instrument(s): _____ Years Played: _____

Formal music training, if any: _____

How active are you as a musician?

Rusty! *Play occasionally* *Play regularly* *Play frequently*

If you currently play with any other musical groups, please list and describe your experiences:

Please circle your ability level:

Beginner *Advanced-beginner* *Intermediate* *Advanced-Intermediate* *Advanced*

How often are you available to rehearse with a group:

Weekly *Bi-weekly* *Monthly* *Bi-monthly* Other: _____

Instrumentation preference:

Strings only *Winds only* *Brass only* *Percussion only* *Mixed ensemble* Other: _____

Any other interesting facts about yourself (musical or non-musical):

Please mail to: Fishers Chamber Players • P.O. Box 6206 • Fishers, IN 46038-6206