Prairie Dulcimer Club Dulcimer Student Application

First Name	Last Name		Age			
Address	City	State	_Zip Code			
Parent or guardian if unde	er 18					
Phone number	Cell Phone	Email _	· · · · · · · · · · · · · · · · · · ·			
	er Club member? Yes 1 ecome a member? Yes					
List any musical instrume	ents you already play					
Please list any musical in	struments that are played in you	r household				
Hammered	ning to play a Hammered Dulci Mountain Dulcimer? Yes No	mer, or a Mounta	in Dulcimer?			
Please tell us why you wo	ould like to learn to play the dul	cimer.				
How would you share you	ur playing of the dulcimer with	others?				
	Signature		Date			
	Parent/Guardian if a minor					

REFERENCES

1.	First Name		Last Name		
	Address	City		State	Zip
	Phone	_ Cell	Email:		
	Relationship to applicant				
2.	First Name		Last Name		
	Address	City		State	Zip
	Phone	_Cell	Email:		
	Relationship to applicant				
3.	First Name		Last Name		
	Address	City		State	Zip
	Phone	_ Cell	Email:		
	Relationship to applicant				
4.	First Name		Last Name		
	Address	City		State	Zip
	Phone	_ Cell	Email:		
	Relationship to applicant				