



REFERRAL INFORMATION SHEET

YOUR NAME :

DATE :

PLEASE COMPLETE THE FOLLOWING and PRINT FOR SCOTT SZERYK

RELATIONSHIP TO REFERRAL :

- Friend _____ How long known : _____
Family _____ Relationship: _____
Just Forwarding _____

REFERRAL INFORMATION (PLEASE FILL IN AS MUCH AS POSSIBLE)

NAME _____
ADDRESS _____
PHONE _____
EMAIL ADDRESS _____
SCHOOL/EMPLOYMENT _____

DESIRED INSTRUMENT : GUITAR / DRUMS
CURRENT PLAYING ABILITY : Beginner / Intermediate / Advanced

DESIRED DAY OF THE WEEK : _____
DESIRED TIME OF THE WEEK: _____

OTHER RELEVANT INFORMATION / AUTRES INFORMATIONS PERTINENTES: _____

FOR PRO GUITAR INSTRUCTION TO COMPLETE

- 3 month lesson plan has been scheduled _____
*Note time and day of the week : _____ Instructor : _____
3 month lesson plan has been paid _____
Current member has received free lesson _____ Date _____
Current and new member have received complementary strings/cap _____ Dates _____

Comments / Commentaires: _____

This form is to be used as a tool. Incentive to be paid out after referral has signed and made program payment.