



# JENNIFER MAY VOCAL STUDIO

Contemporary Rock/Pop/Punk Vocal Coaching

Full Name

Home address:

Age, if under 25:

Mobile phone number (as I txt availability):

Contact e-mail address:

Your profession (so I am aware of your voice use):

Any medical conditions which I should know about?

Have you previously visited a voice clinic regarding your vocal health?

Do you smoke?

Your availability and how often you would like lessons;

Previous experience/voice study (if any);

Your favourite artists: (not to make you sound like them! I understand this will be wide ranging);

Your vocal aims;

## **Terms and conditions**

\*I understand that if i need to cancel my lesson, I am free to move it to another date/time if 48 hours notice is given. Otherwise payment is required in full.

\*I understand that I and I alone am responsible for my vocal health and voice use.

If I experience any change in voice quality; hoarseness, roughness, breathiness, pain, discomfort, vocal fatigue that fails to resolve after two weeks I need to consult my GP.

\*I understand that I require written permission from Jennifer May to record or make public any recordings made within my singing lessons.

Signature:

Date: