



Registration

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Name \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Tee-Shirt Size (S,M,L,XL) \_\_\_\_\_ Are you a U.S. citizen: [ ] Yes [ ] No

Are you a: [ ] part-time luthier [ ] full-time luthier Occupation \_\_\_\_\_

Do you consider yourself a: [ ] beginning luthier [ ] intermediate luthier [ ] advanced luthier

Have you attended a luthierie class or workshop? [ ] Yes [ ] No If so, how many? \_\_\_\_\_

How long have you been building instruments? \_\_\_\_\_

Do you have your own workshop? [ ] Yes [ ] No

Have you ever built an instrument from a kit? [ ] Yes [ ] No

If so, what instrument(s)? \_\_\_\_\_ How many? \_\_\_\_\_

Have you ever built an instrument from scratch? [ ] Yes [ ] No

If so, what instrument(s)? \_\_\_\_\_ How many? \_\_\_\_\_

What facets of luthierie interest you the most? (check all that apply)

- [ ] acoustics [ ] structure [ ] instrument design [ ] instrument assembly [ ] inlay [ ] finishing
[ ] fretting [ ] set-up [ ] repair

What facets of luthierie are you most familiar with? (check all that apply)

- [ ] acoustics [ ] structure [ ] instrument design [ ] instrument assembly [ ] inlay [ ] finishing
[ ] fretting [ ] set-up [ ] repair

What facets of luthierie are you least familiar with? (check all that apply)

- [ ] acoustics [ ] structure [ ] instrument design [ ] instrument assembly [ ] inlay [ ] finishing
[ ] fretting [ ] set-up [ ] repair

What instrument(s) do you play? (check all that apply)

- [ ] mandolin [ ] ukulele [ ] mandola [ ] violin [ ] resophonic guitar [ ] dulcimer [ ] banjo
[ ] none [ ] other \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

Why do you want to attend a luthierie camp? (use back if more space needed) \_\_\_\_\_

What do you hope to get out of this program? \_\_\_\_\_

Do you have physical limitations that must be considered when doing shopwork? [ ] Yes [ ] No

If so, please list \_\_\_\_\_

Do you have any special dietary needs (e.g., vegetarian, food allergies)? [ ] Yes [ ] No

If so, please list \_\_\_\_\_

May we share your email address with other attendees? [ ] Yes [ ] No