

THE *Clinic* LINE

Online Printable SCAN Form

SCAN TO: Allan Repp - theclinicline@gmail.com

From: _____ Today's Date: _____

School: _____

Teacher email: _____ Teacher cell #: _____

School Phone Number: _____ Extension: _____

CLINIC REQUEST

Please submit this form at least 2 weeks prior to the clinic to allow sufficient lead time to book clinicians. Thanks!

Location of Clinic: _____ Is this a "Zoom" clinic? Yes / No (please circle)

Date of Clinic: _____

Time of Clinic: from _____ (AM or PM) to _____ (AM or PM)

Grade Level(s) of Students: _____ Approx. # of Participants: _____

Please indicate THE NUMBER of clinicians needed for each instrument:

Number of Clinicians	Instrument		Number of Clinicians	Instrument	
	Conductor - Concert Band			Conductor - Jazz Band	
	Flute			Piano	
	Oboe			Bass -Electric	
	Clarinet			Bass -Acoustic	
	Bass Clarinet			Guitar - Electric	
	Bassoon			Guitar - Acoustic	
	Alto Sax			Drum Set	
	Tenor Sax			Violin	
	Baritone Sax			Viola	
	Trumpet			Cello	
	French Horn			Guitar Class	
	Trombone			Conductor - Choral	
	Baritone/ Euphonium			Voice Soprano	
	Tuba			Voice Alto	
	Percussion			Voice Tenor	
				Voice Bass	

An invoice of this clinic booking will be scanned to you followed by a confirmation of clinician names.

Questions? Please contact Allan Repp Phone: (403) 629-7139 Email: theclinicline@gmail.com

Thank you for using **THE *Clinic* LINE!**

Payment due within 30 days of service. For detailed information regarding our **Fees**, visit our website.