

Piano Form

Date: _____

Name: _____

E-mail: _____

Phone: _____ () office () cell

Piano Location: _____

Check as many as apply:

() Pedal squeaks

() Touch is sticky

() Note is out of tune [which one _____; middle C = C4]

() Several notes are out of tune [which octave _____]

Please note anything specific about the problem:

* Please return this form to Dr. Bjorem's box in the music office.