

## **Book a Vocal Health Master Class**

## The Ultimate Vocal Training for Professional Groups

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		n phone consultation to dis ontact you within one bus		and schedule your Master Clas: day.
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SECTION	1. YOUR CONTACT INFORMAT	TON		
Key Contact Full Name:			Organization/Company name:	
Email or	contact person	В	Best Contact Phone #:	
Organiza	tion mailing address:	1		
	r Master Class			
Do you have a venue for the master class to take place?  Yes, I do.  No I need help with venue				
Venue Ad	ddress (if secure, or general area	)		
SECTION 2. MASTER CLASS DETAILS				
oco non	Z. WAOTEN CEAGO DETAILO			
1. Select your topic of interest (Check all that apply *				
☐ Fundamentals of the Voice:		How to Project My Voice Without		Agility and Riffs:
	e, Breath, and Relax. Perfect for	Hurting It:		Develop precision and diction for sharp,
beginne	ers and vocal maintenance.	Techniques for clear projection preventing vocal strain in	n and loud	clear vocal runs and complex material.
		environments.		
2.	Estimate number of participants			
Ans	wer:			
3.	Preferred Workshop dates / Month. Note: Most workshops are schedule on Saturdays. Other			
	option can be discussed w	hen we contact you.		
Answer:				
4.	Additional need or Notes			
Answer:				

## **SECTION 3: Important Logistic Note.**

The client is responsible for providing the venue/location for the Master Class.

Pricing and Time Clarification: All prices listed are general estimates only. The final price and exact time (2–3 hours) will be defined with Vocal Stage Studio during the scheduling consultation.

Venue Assistance: We may offer venue recommendations or requests, but additional charges will apply. Note that any locations we can provide have very limited accessible dates and hours