

-- ADULT ROCK BAND REGISTRATION FORM --

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALT. PHONE: _____

E-MAIL ADDRESS: _____ AGE: _____

EXPERIENCE (please check one): BEGINNER INTERMEDIATE ADVANCED

SESSION: WINTER/SPRING SUMMER FALL

Most convenient rehearsal days/times: _____

INSTRUMENTS YOU PLAY:

Main Instrument: _____ Other Instruments: _____

Years of Experience: _____ Would you like to sing: YES NO

Genre you like (check all that apply): Rock/Pop Punk Metal Classic Rock Other

List Favorite Bands/Artists: _____

Are you currently enrolled in lessons at Michigan Rock School? YES NO

If not, are you enrolled in lessons at another studio? Please provide info:

* PLEASE NOTE: Because each member becomes an integral part of their band, please understand the commitment to rehearsals and performances involved. Due to the band dynamic, we will be unable to honor refunds or credits for missed rehearsal time.

Questions? Contact us at MichiganRockSchool@gmail.com or 248/676-9155