

-- 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

REGISTRATION FOR:     ROCK BAND: LEVEL 1     ROCK BAND: LEVEL 2

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: \_\_\_\_\_

WOULD YOU LIKE TO PLAY WITH ANY OTHERS ATTENDING? IF YES, PLEASE LIST

THEIR NAMES: \_\_\_\_\_

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:

\_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Additional contact phone or e-mail: \_\_\_\_\_

\* 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](mailto:MichiganRockSchool@gmail.com) or 248/676-9155