

# ROCKBAND "LIVE" REGISTRATION FORM

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**Website:** [www.sherwoodparkschoolofmusic.com](http://www.sherwoodparkschoolofmusic.com)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female (circle)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Town/City \_\_\_\_\_ Province \_\_\_\_\_ e-mail \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Instruments you play in order of preference:**

**Years of Playing:**

\_\_\_\_\_  
\_\_\_\_\_

Instrument you will play at Camp \_\_\_\_\_

Have you been in a band before? Yes / NO (please circle) If yes, How Long? \_\_\_\_\_

Do you know of someone attending camp who you would like to play with?

\_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

## TOP FOUR BANDS AND ALBUMS:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

## PAYMENT INFORMATION:

**DATEREGISTERED:** \_\_\_\_\_

Method of Payment: Cash, Cheque, Visa, Mastercard, Amex

Credit Card No. \_\_\_\_\_ Expiry: \_\_\_\_\_ Signature: \_\_\_\_\_