

ROCKON



Registration Form 2017

Student Name _____ Age _____

Address _____ State _____ Zip _____

Parent/Guardian _____

P/G Address _____ State _____ Zip _____

Email _____

P/G Phone (Home) _____ (Cell) _____

Student Cell _____

Dates Attending:

Check weeks attending, as well as desired workshops below.

July 10–14 _____ July 17–21 _____ July 24–28 _____

Workshops

_____ Songwriting
July 10–14 _____ July 17–21 _____ July 24–28 _____

_____ DJ Mixing and Editing
July 17–21 _____ July 24–28 _____

_____ Recording
July 10–14 _____ July 24–28 _____

_____ OnStage Live! Musical Theater Workshop
July 10–14 only _____

_____ All About the Beatles
July 17–21 only _____

_____ Large Ensemble Rehearsals
July 24–28 only _____

Student Background

Check your primary instrument

Voice ____ Guitar ____ (Electric ____ Acoustic ____)
Bass ____ Ukulele ____ Drums ____ Piano ____
Other _____

Years of training? _____

Music school/teacher _____

Please tell us if you want to play a second instrument at Rock On. _____

Do you play in the school orchestra or sing with a chorus? _____

Do you have basic piano skills? _____

What type of music do you like? List your favorite bands. _____

Are you attending with band members? Please list on the back of this form.

Are you currently using a MAC ____ or PC ____ ?

What Computer Music programs do you use? _____

Hours: 11:30am-5pm

Fee for RockOn Workshop: \$250 per week

Make checks payable to: ZAM 808

Mail to: Mary Talmi, 27 East Housatonic St., Pittsfield, MA 01201

Students must have their own instruments and amps. We are not responsible for lost, stolen or damaged property.

Signature

Print Name

Date

Relation to Child