



Registration Form 2015

Student name _____ Age _____

Address _____ State _____ Zip _____

Parent/Guardian _____

P/G Address _____ State _____ Zip _____

Email _____

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

Student Cell _____

RockOn Workshop Dates Attending:

July 13–17 _____ July 20–24 _____

**Hours: 12-5pm / Sign-in: 11:30am*

NEW Technology Programs 12-5pm.
(No Additional Cost - Please check your area of interest and dates.)

_____ **Music Production and Recording using Pro Tools** with Jeff Link and Jamie Walters
July 13–17 _____ July 20–24 _____

_____ **Technical Theater and Lighting Design** with Kevin McGerigle
July 13–17 _____ July 20–24 _____

Advanced Programs *held mornings before the regular Rock On sessions.*

**Additional Cost.*

Contemporary Harmonic Concepts
10am to 10:45am.

July 13–17 _____ July 20–24 _____

Intro To Recording Techniques
11:00am to 11:45am.

July 13–17 _____ July 20–24 _____

Student Background

Check the instrument(s) you play

Guitar ___ Bass ___ Drums ___ Keyboard ___ Voice ___

Other (Please list _____)

Level of playing

Beginner ___ Intermediate ___ Advanced ___

Music teacher/school _____
Years of training _____

Are you attending with band members? If so, please list their names on the back of this form.

Have you studied Music Theory? Yes____ No____

Do you read music? Yes____ No____

What style of music do you listen to? _____

Are you currently using a MAC ___ PC ___

What Computer music programs do you use? _____

In a few words please describe your computer skills

Do you have basic piano skills? Yes____ No____

Fee for RockOn Workshop: \$250 per week

***Fee for Advanced Program: \$65 per week (if not attending RockOn workshop 12-5pm sessions)**

Fee to attend BOTH RockOn Workshop and Advanced Program \$300 per week

Make checks payable to: Rock On/RTS95, Inc.

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
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