



ROCK OF AGES LAB REGISTRATION:

Name:

Email:

Phone:

Additional

Emergency Phone:

House No.

Street Name

City

State

Zip Code

Address:

1.

Have you ever taken music lessons before?

If yes, what lessons did you take?

Answer:

2.

Do you or a family member own an instrument?

If yes, what instrument(s)?

Answer:

3.

I commit to attending all classes. One absence is excused, but not on the final day of the program. That's the concert!

I will be there!

Signature:

INSTRUMENT: (need 8 of each)

Drums Bass Keyboards Guitar-lead Guitar-rhythm Vocals

NOTES: