

Rock and Roll Camps

Registration Form

Name of Student: _____

Age: _____

Name of Parent: _____

Address: _____

Phone Number: () _____

Cell Phone Number: () _____

Email: _____

Instrument: _____

Years playing: _____

Instructor: _____

Favorite Songs (list 3):

1. _____

2. _____

3. _____

Favorite Band: _____