



**Portman's Music Academy**

7650 Abercorn Street, Savannah  
912-354-1500

## Registration

### **PERSONAL INFORMATION**

---

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone # (w) \_\_\_\_\_ (h) \_\_\_\_\_

Age on July 1<sup>st</sup> \_\_\_\_\_

How did you find out about Rock Camp? \_\_\_\_\_

Briefly describe your reason for enrolling in Rock Camp. \_\_\_\_\_

Are you joining with a friend or family member? Yes  No  If so, who? \_\_\_\_\_

Anything else we should know about you? \_\_\_\_\_

### **MUSICAL BACKGROUND**

---

Instrument(s) you play \_\_\_\_\_

lead vocals? Y  N  back-up vocals? Y  N

Are you currently playing  at home?  with friends?  in a band?  in church?  other \_\_\_\_\_

How long have you been playing? \_\_\_\_\_ Have you taken lessons? \_\_\_\_\_

Briefly describe your level of proficiency. \_\_\_\_\_

Name at least 3 Bands whose music you would like to try: \_\_\_\_\_

\_\_\_\_\_

How would you describe the kinds of music you enjoy playing or would like to play (Check as many as you like)

Indie Music \_\_\_\_\_ Worship/Christian Rock \_\_\_\_\_

Classic Rock \_\_\_\_\_ Grunge \_\_\_\_\_

Punk \_\_\_\_\_ Other \_\_\_\_\_

Metal \_\_\_\_\_ Other \_\_\_\_\_

### **Camp Date**

---

#### **Media Release**

I hereby give my permission to Portman's Music, Portman's Music Academy and the news media to photograph or film me or my child for use in general interest news stories, promotion and publicity for Portman's Music. I agree to participate without financial remuneration and understand that this releases Portman's Music and the photographer from any future claims or liability.

Signature \_\_\_\_\_ Staff \_\_\_\_\_

Fee Paid \_\_\_\_\_ Date \_\_\_\_\_