



Portman's Music Academy

7650 Abercorn Street, Savannah, Ga 912-354-1500

Registration

PERSONAL INFORMATION

Name _____ Address _____

City _____ State ____ Zip _____ Phone # (w) _____ (h) _____

Age on July 1st _____

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 _____