

**BLUES/ROCK WORKSHOP
REGISTRATION FORM**

Detach and mail or fax ASAP to:

Rockland Country Day School
34 Kings Hwy, Congers, NY 10920
Phone 845-268-6802
Fax 845-268-4644

Student Name: _____

Birth Date: ___/___/___ Age: ___M___F___

Street: _____

City, State, Zip: _____

Instrument(s): _____

Years of Experience: _____

Currently in a band: Yes No

Currently taking private lessons: Yes No

Choose the two styles you would most like to play:

Pop/Rock/Alt _____
R&B _____
Blues _____
Country _____
Funk _____
Metal/Punk _____
Emo _____
Americana _____
Jazz _____
Other _____

Please indicate which of the following you can read:

Chord chart _____
Tab chart _____
Rhythm chart _____
Musical Notation _____

Parent/Guardian Name(s): _____

Address if different from student: _____

Home Phone: _____

Cell Phone: _____

Email: _____

How did you hear about us?

The full tuition payment is due upon enrollment. I understand that there are no refunds for student absences. If RCDS cancels the program a full refund will be issued. If students withdraw before one week prior to camp, a refund will be issued (minus a \$50 registration fee). I give my child permission to participate in all activities during the Blues/Rock Workshop. I agree to pick up my child promptly at 3pm.

PARENT SIGNATURE: _____

DATE: _____

WORKSHOP SESSIONS

Please indicated the sessions you're interested in attending:

June 14-18 _____
June 21-25 _____
July 12-16 _____
July 19-23 _____
August 16-20 _____
August 23-27 _____