

BLUES ED WORKSHOP

ENROLLMENT

Personal Information

Name of Student _____ Age _____

Parent or Guardian _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Message _____

Email _____

Instrument (please list the primary instrument you wish to play in the program.) _____

Previous music experience/performances (e.g. private lessons, school bands, performances, etc.)

Are you joining with a friend? _____ If yes, name of friend _____

Can you sing lead vocals? _____ Backup vocals? _____

List some of your favorite songs/bands _____

Do you have reliable transportation? _____

Can you commit to a weekly schedule for rehearsals, clinics and concert performance? _____

How did you find out about Blues Ed? _____

REHEARSAL INFORMATION

Please consider and circle all rehearsal times listed below that you could be available. You will rehearse at SixStringCentral once a week, but please circle every time slot for which you are available. The more options you provide, the easier it is for us to place you in a band with others of the same musical skill level. **Please keep in mind that Blues Ed Workshop begins late June through mid-August, so consider summer schedule, vacations, etc.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
11:00-1:00	11:00-1:00	11:00-1:00	11:00-1:00

TUITION INFORMATION

Financially responsible party _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____

Tuition fee is \$250.00 *(please submit a \$50 deposit with this enrollment form to hold your space).*

If we are unable to place you in a band, your deposit and any tuition paid will be refunded.

No refunds once a band is placed – No Exceptions.

Tuitions are due in full by Sunday, June 15th “Meet Your Band Day”.

Will you be attending the Introduction to the Program Meeting on Saturday, June 7th at 1:00-2:00 pm? (We encourage you to be there to find out what will be happening in the program and get any of your questions answered.) We will be scheduling your evaluation date & time to be placed in a band on this day.

Yes, I will attend _____ No, I will not be attending _____

Registraton Deadline is: Saturday, June 14th.

I hereby acknowledge that I have read the foregoing Blues Ed Workshop Overview and Student Requirement and Workshop Structure.

Parent Signature _____ Date _____

Student Signature _____

Please Return completed Enrollment Form along with your deposit (\$50) to:

**SixStringCentral ~ School of Music
P.O. Box 13424 * Portland, OR 97213**

Office Use Only:

Invoice # _____

Deposit \$\$ _____ Date Received _____

Check # _____ Cash ? _____ Credit Card # _____ Exp. Date _____

Tuition Balance \$\$ _____ Date Received _____

Check # _____ Cash ? _____ Credit Card # _____ Exp. Date _____