



REGISTRATION

Name _____

Age _____

Address _____

School _____

City, State, Zip _____

Grade in '11 - '12 _____

Phone _____

Musical Background

I'm interested in...(circle all that apply)

Guitar

Bass

Drums

Keyboards

Vocals

Ability level for instruments circled above _____

Previous musical experience _____

Favorite bands/ music to play, listen to or sing _____

I will bring the following instrument(s) to camp _____

Payment Information - Please send a check for \$250 along with this registration and the medical consent form to:

Charles Wright Academy
7723 Chambers Creek Road West
Tacoma, WA 98467
Attn: Rock Camp

*Please make check payable to Charles Wright Academy and mark "Rock Camp" in the memo line.
Register early to reserve your spot at ROCK CAMP!*

Parent/Guardian Information

Parent/Guardian Name _____

Home phone _____

Cell phone _____

Parent/Guardian signature

Date