



BandWorks Guitar Class Registration Form April 2011

Classes meet Tuesdays, April 12 – May 31, 4:00-5:00p for ages 8-12

I. PERSONAL INFO

Name: _____ Date of Birth: _____ Female Male

Check here if you are sure we already have your current contact information, then skip to section II.

Name of parent or legal guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____ (work) _____

Parent's email: _____

Student's email: _____

Music teacher: (name) _____

(Teacher Phone) _____ (Teacher email) _____

School Attending: _____

If you are new to BandWorks, how did you hear about us?

- Friend _____
- Music teacher
- School teacher
- YouTube
- Web search
- Newspaper, TV, etc.
- Flyer/postcard
- Facebook
- Other _____

Please briefly describe student's previous musical experience, including # years experience on any instrument(s), and any band or performing experience you have: _____

II. FEES & REFUNDS

Are you a CCJCC Member: Yes No (You need not be a member, or Jewish, to participate)

Band Workshop Fee: \$100 for CCJCC members, \$110 for non-members.

Refund Policy: There are no refunds after the second class of a session, or for any missed classes.

V. Media Release: I agree that BandWorks may use any pictures, videos or sound recordings taken of myself or my child during BandWorks rehearsals and performances for the purposes of marketing to the general public. I authorize BandWorks to copy, exhibit, publish or distribute any and all such images for purposes of publicizing BandWorks or for any other lawful purpose. I agree to hold harmless and forever discharge the BandWorks entities from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my or my child(ren)s behalf of my estate have by reason of this authorization.

I have read and agree to the fees and policies stated above, and would like to enroll in the next session beginning Tuesday, April 12, 2011. I have enclosed my registration fee. Sign me up!

X _____ Date: _____
(Must be signed by parent or guardian if under 18)

Please mail this form with your check (payable to BandWorks) to:
BandWorks, 2034 Blake St., Suite 9, Berkeley, CA 94704
510-843-BAND(2263) info@bandworks.com