



Registration Form

Dates of Round: July 11-Aug. 8 2010

RETURNING WARRIOR? YES NO

PERSONAL INFORMATION

Name _____ Address _____

City _____ State ____ Zip _____ Phone # _____ Email: _____

What is your profession? _____ Age Group 29 or under 30 to 39 40 or over

How did you find out about Weekend Warriors? _____

Briefly describe your reason for enrolling in Weekend Warriors. _____

Are you joining with a friend or family member? Yes No If so, who? _____

Anything else your band 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 _____

Years of Playing Experience: _____ Briefly describe your level of proficiency. _____

When and where did you play your last gig? _____

What style of music would you feel most comfortable performing in the Weekend Warriors program:

ROCK

COUNTRY

BLUES

JAZZ

OLDIES

POP

- Beatles Rascal Flatts B.B. King Miles Davis Beach Boys Nickelback
- Zeppelin Tim McGraw John Lee Hooker Herbie Hancock CCR Green Day
- Pink Floyd Sugarland S.R. Vaughan Lena Horne Stones Doughtry
- Cream Keith Urban Robert Cray John Coltrane Elvis Presley Muse
- _____ _____ _____ _____ _____ _____

REHEARSAL REQUESTS

Check all days/times that you are available to rehearse:

__ Tuesday	__ Thursday	__ Friday	__ Saturday	__ Sunday
__ 6pm-8pm	__ 6pm-8pm	__ 6pm-8pm	__ 4pm-6pm	__ 6pm-8pm
__ 8pm-10pm	__ 8pm-10pm	__ 8pm-10pm	__ 6pm-8pm	__ 8pm-10pm

PAYMENT AND AUTHORIZATION

I understand that by signing below, I authorize White House of Music to reserve my place in the Weekend Warriors Program. I will attend all scheduled rehearsals and understand that my \$20 reg fee and \$150 tuition is nonrefundable after the registration deadline of **FRIDAY JUNE 30th, 2010**. Registration fee is waived for returning Warriors or new participants with coupon from Open Houses. Please attach coupon if applicable.

__ My check or cash payment is attached.

__ Please charge my \$170 tuition to my Visa/Debit/Mastercard/American Express:

Card Number: _____ Exp _____

Signature: _____ Date: _____

White House of Music

Music for Life

Photograph Release

Please return with completed registration and tuition payment

I grant permission to White House of Music, Inc., to use photographs taken of me or my child or ward, at the event on the date and at the location listed below, for use in White House of Music promotional and advertising materials, press releases, informational brochures, newsletters, and other publications of a similar purpose and reasonably related to White House of Music's business; in printed or electronic form, or on White House of Music web sites, without notifying me. I hereby waive any right to inspect or approve the photographs or the media on which they will appear now or in the future, whether that use is known or unknown to me, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby agree to release, defend, and hold harmless White House of Music, Inc., and its shareholders, directors, officers, employees and agents, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any distortion, blurring, alteration, optical illusion, use in composite form, or misidentification, either intentionally or otherwise, that may occur in the taking, processing, or use of the photographs.

I am 18 years of age or older and I am competent to enter into a contract, or I am a parent or legal guardian of a minor participant in the event listed below. I acknowledge that participation in the event listed below is sufficient and adequate consideration to support this release as a binding contract. I have read this entire Photograph Release before signing below, and I fully understand its contents.

Name of event: Weekend Warriors Summer 2010

Location of event: White House of Music, Waukesha 2101 N Springdale Waukesha WI 53186

Date of event: July 11-Aug 8

Signature:

Print name: _____