

**Student's Name:**

**Parent/Guardian Name:**

**Home Phone:**

**Cell Phone:**

**E-mail Address:**

**Class Selection:**

Private  
Lesson  
Instruction

Rock Band  
&  
Artist  
Program

**Street Address:**

**City:**

**Zip Code:**

**Instrument:**

**Student's Age:**

Album  
Production  
& Recording

Music  
Theory

Business &  
Promotion

**Availability:**

Monday	Tuesday	Wednesday	Thursday	Friday

**Preferred Day:**

**Preferred Time:**

**Past Experience:**

**Favorite Music:**

**Goals:**

**How did you hear about us?**

Postcard  
Online Search  
Facebook  
Twitter

**Referred By:**

**stompbox  
academy**