



Store Name _____

Address _____

Phone _____

ENROLMENT

Information given on this form will help us to place you in an appropriate band.

PERSONAL INFORMATION DATE: _____

Name _____ Address _____

Town _____ Postcode _____ Tel. No. (w) _____ (h) _____

What is your profession? _____ Age Group under 35 35 to 45 46 or over

How did you find out about Weekend Warriors? _____

MUSICAL BACKGROUND

Instrument(s) you play _____

Could you do lead vocals? Y N Or back-up vocals? Y N

Are you currently playing at home? with friends? in a band? in church? other _____

Are you a retired pro? long-time amateur? hobbyist? beginner? No. of years playing _____

Briefly describe your level of proficiency. _____

When and where did you play your last gig? _____

What style or genre of music would you feel most comfortable performing? _____

Name two songs you would really like to perform? _____

What musical equipment do you currently use? _____

What is your 'dream piece of musical equipment? _____

Who are your musical heroes? _____

REHEARSAL TIMES

On each day of the week, please indicate all the time periods that you are available to practice. The more times that you indicate, the better we'll be able to place you with people of similar musical interests. Practice will be once a week.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> 6 - 8 pm	<input type="checkbox"/> 6 - 8 pm	<input type="checkbox"/> 6 - 8 pm	<input type="checkbox"/> 6 - 8 pm	<input type="checkbox"/> 6 - 8 pm	<input type="checkbox"/> 2 - 4 pm
<input type="checkbox"/> 8 - 10 pm	<input type="checkbox"/> 8 - 10 pm	<input type="checkbox"/> 8 - 10 pm	<input type="checkbox"/> 8 - 10 pm	<input type="checkbox"/> 8 - 10 pm	<input type="checkbox"/> 4 - 6 pm

FOR STAFF USE ONLY

Placed in band Signed up Returning Warrior Notes _____