



the institute for the musical arts Rock 'n' Roll camp for girls

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IMA Rock 'n' Roll Girls Camp Music and Personal information Form

SESSION DATE: _____

Name: _____ **Age:** _____ **Email Address:** _____

Parent or Legal Guardian's name: _____

Address: _____ **Town/City:** _____ **State:** _____ **Zip Code:** _____

Telephone #: _____

Primary Instrument: _____ **How long playing:** _____

Secondary/ Other Instrument(s): _____ **How long playing:** _____

Do you sing? _____ **Do you read music?** _____

Are there any instruments you are interested in learning to play? _____

Have You ever performed? And in what context? (a play , as how, with a band) _____

Do you write either songs, musical compositions, journal writing or poetry? _____

Can we get an example of your writing or anything you have written, fragments of songs, or other lyrics?

What musicians and or bands do you like and why? _____

General Goals for the camp: _____

Dietary Restrictions: _____

Food Allergies: _____

Food Preferences/ Favorites: _____

Foods you dislike or won't eat: _____