

**Are you or a friend interested in playing in a band at the
Seattle Drum School of Rock?**

Please fill out this questionnaire and return it to our office ASAP!

Name: _____ Age: _____

Parents' Names (if applicable): _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail: _____

Home Address: _____

Neighborhood you live in so we can help facilitate carpooling to rehearsals: _____

Instrument(s) played: _____ Do you sing? YES NO

How many years have you been playing? _____

Do you take private lessons? _____ How long? _____ With whom? _____

Have you played in a band? YES NO

If so, what band(s)? _____ How long? _____

Favorite kinds of music: _____

Favorite bands: _____

Are you interested in writing & performing original songs? YES NO

Possible times available for rehearsals (Check boxes that apply and number by order of preference):

- | | |
|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ___ Monday 6:00 – 7:20 pm | <input type="checkbox"/> ___ Monday 7:30 – 8:50 pm |
| <input type="checkbox"/> ___ Tuesday 7:30 – 8:50 pm | <input type="checkbox"/> ___ Wednesday 7:30 – 8:50 pm |
| <input type="checkbox"/> ___ Thursday 7:30 – 8:50 pm | <input type="checkbox"/> ___ Friday 4:00 – 5:20 pm |
| <input type="checkbox"/> ___ Saturday 10:30 – 11:50 am | <input type="checkbox"/> ___ Saturday 12:00 – 1:20 pm |
| <input type="checkbox"/> ___ Saturday 1:30 – 2:50 pm | <input type="checkbox"/> ___ Sunday? Time: _____ |

Thanks for your input - we'll keep you posted... SDS.

Mail to: Seattle Drum School of Rock, 12510 15th Ave NE, Seattle, WA 98125