



## KOSMIC SOUND

94 Hector St Osborne Park WA 6017

Phone: 08 9204 7577

Contact: Sandra Carrello

sandrac@kosmic.com.au

# ENROLMENT

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## PERSONAL INFORMATION

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Name \_\_\_\_\_ Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_ Phone # (w) \_\_\_\_\_ (h) \_\_\_\_\_

Email Address \_\_\_\_\_ Age Group 29 or under  30 to 39  40 or over

How did you find out about Kosmic's Weekend Warriors? \_\_\_\_\_

## MUSICAL BACKGROUND

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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 \_\_\_\_\_

Are you a  retired pro?  long-time amateur?  hobbyist?  beginner?  # of years/mo. playing \_\_\_\_\_

What style of music would you feel most comfortable performing in the Weekend Warriors program? \_\_\_\_\_

## REHEARSAL TIMES

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On each day of the week, please indicate all 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

6 - 8 pm

6 - 8 pm

6 - 8 pm

6 - 8 pm

6 - 8 pm

2 - 4 pm

## FOR STAFF USE ONLY

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CONFIRMED \_\_\_\_\_ CONCERT DATE \_\_\_\_\_

PAID Y  N

REHEARSAL TIME \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_