

Student Application My Sound BUZZ School of Music and Worship



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for sessions? Circle days available

MON	TUE	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekday mornings			Weekend mornings		
Weekday afternoons			Weekend afternoons		
Weekday evenings			Weekend evenings		

Interests

Select all areas you are interested in learning

<input type="checkbox"/> Music Business	<input type="checkbox"/> Worship Keys 1
<input type="checkbox"/> Worship Degree	<input type="checkbox"/> Worship Keys 2
<input type="checkbox"/> Instrument	<input type="checkbox"/> Expressive Worship
<input type="checkbox"/> Radio	<input type="checkbox"/> Acoustic Guitar
<input type="checkbox"/> Recording	<input type="checkbox"/> Bass
<input type="checkbox"/> Web Building	<input type="checkbox"/> Drums/Percussion
<input type="checkbox"/> Worship Guitar 1	<input type="checkbox"/> Vocals
<input type="checkbox"/> Worship Guitar 2	<input type="checkbox"/> Choral

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from previous music sessions, or through other activities, including worship team membership.

Previous Musical Experience

Summarize your previous experience.

--

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Policy

We require all sessions to be paid in advance of school term whether 6 or 12 weeks. All classes should be paid before June 1st.

6 Week Sessions	\$210
12 Week Sessions	\$420
Make checks to Oikeo Music Inc. Send Check or money order stapled to application	Oikeo Music Inc, nonprofit organization P.O. Box 90500 Anchorage, Alaska 99509

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide quality education. Decisions to dismiss or not accept application are the right of this organization. Thank you for completing this application form and for your interest in learning with us.

