



Vocal Zone Voice Studios™

Class/Camp Registration Form 2010-2011

I have read and understood the policies and procedures for class/camp. By signing this commitment contract, I agree to adhere to these policies and procedures set forth by Vocal Zone Voice Studios.

Student Signature

Date

Guardian Signature

Date

Personal Information

Student Name: _____ (Guardian Name): _____
Print Neatly

Birthdate: _____ (Grade): _____ School/Work: _____
Month, Day, Year

Voice Type: _____ Singing/Music Involvements: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: (____) _____ Cell: (____) _____

STUDENT'S EMAIL: _____ (PARENT'S EMAIL): _____
(VZVS depends upon email addresses for constant communication. Please make sure you provide an email address which is frequently checked.)

Hobbies/Sports/Music Background/Favorite color/Other Involvements:

How did you hear about VZVS?

Please tell us what you wish to achieve by attending a voice class/camp:
