



# EASTER CAMP APP FORM 12-17 YRS

The Frank Kearns Rocks School, 12A Dublin Road, Sutton, Dublin 13, Ireland.  
Tel (01) 839 5969. Mobile 087 276 5754.

Student's Name \_\_\_\_\_ Mobile No \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Parent / guardian name \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Emergency name \_\_\_\_\_ Phone number \_\_\_\_\_

**Easter Camp Dates for 12-17 yrs: Mon April 09 - Fri April 13 (5 days). 10am-3pm daily**

Instrument:  Bass  Guitar  Drums  Vocal

Taking lessons?  Yes  No How long? \_\_\_\_\_

In a band?  Yes  No How long? \_\_\_\_\_

What level are you?  Beginner  Intermediate  Advanced

Have you recorded music before?  Yes  No

Favourite bands and artists (list up to six): \_\_\_\_\_

How did you find out about the Rocks school? \_\_\_\_\_

Your Bebo / MySpace site, if applicable: \_\_\_\_\_

Additional info that will help place you in the most suitable group: \_\_\_\_\_

My cheque is enclosed made payable to: The Frank Kearns Rocks school **OR**

Please charge € \_\_\_\_\_ to my: Visa  MasterCard  Laser

Card #:                      (Last 3 boxes for Laser cards only)

CVV2 Code:    (Final three digits in the signature strip on back of card)

Expiry Date:      
M M Y Y

**FEE €195**  
Easter Camp  
Includes all tuition, use of all equipment and CD of students work

Name on card: (PLEASE PRINT) \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_





# SUMMER CAMP APP FORM 14-17 YRS

The Frank Kearns Rocks School, 12A Dublin Road, Sutton, Dublin 13, Ireland.  
Tel (01) 839 5969. Mobile 087 276 5754.

Student's Name \_\_\_\_\_ Mobile No \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Parent / guardian name \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Emergency name \_\_\_\_\_ Phone number \_\_\_\_\_

**Summer Camp Dates for 14-17 yrs: Mon July 02 - Fri July 13 (10 days). 10am-3pm daily**

Instrument:  Bass  Guitar  Drums  Vocal

Taking lessons?  Yes  No How long? \_\_\_\_\_

In a band?  Yes  No How long? \_\_\_\_\_

What level are you?  Beginner  Intermediate  Advanced

Have you recorded music before?  Yes  No

Favourite bands and artists (list up to six): \_\_\_\_\_

How did you find out about the Rocks school? \_\_\_\_\_

Your Bebo / MySpace site, if applicable: \_\_\_\_\_

Additional info that will help place you in the most suitable group: \_\_\_\_\_

My cheque is enclosed made payable to: The Frank Kearns Rocks school **OR**

Please charge € \_\_\_\_\_ to my: Visa  MasterCard  Laser

Card #:                 (Last 3 boxes for Laser cards only)

CVV2 Code:    (Final three digits in the signature strip on back of card)

Expiry Date:      
M M Y Y

Name on card: (PLEASE PRINT) \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**FEE €445**

Summer Camp  
Includes all tuition, use  
of all equipment and CD  
of students work

**SALT**  
RECORDING STUDIO  
[WWW.SALTRECORDINGSTUDIO.COM](http://WWW.SALTRECORDINGSTUDIO.COM)



# SUMMER CAMP APP FORM 12-15 YRS

The Frank Kearns Rocks School, 12A Dublin Road, Sutton, Dublin 13, Ireland.  
Tel (01) 839 5969. Mobile 087 276 5754.

Student's Name \_\_\_\_\_ Mobile No \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Parent / guardian name \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Emergency name \_\_\_\_\_ Phone number \_\_\_\_\_

**Summer Camp Dates for 12-15 yrs: Mon July 16 - Fri July 27 (10 days). 10am-3pm daily**

Instrument:  Bass  Guitar  Drums  Vocal

Taking lessons?  Yes  No How long? \_\_\_\_\_

In a band?  Yes  No How long? \_\_\_\_\_

What level are you?  Beginner  Intermediate  Advanced

Have you recorded music before?  Yes  No

Favourite bands and artists (list up to six): \_\_\_\_\_

How did you find out about the Rocks school? \_\_\_\_\_

Your Bebo / MySpace site, if applicable: \_\_\_\_\_

Additional info that will help place you in the most suitable group: \_\_\_\_\_

My cheque is enclosed made payable to: The Frank Kearns Rocks school **OR**

Please charge € \_\_\_\_\_ to my: Visa  MasterCard  Laser

Card #:                 (Last 3 boxes for Laser cards only)

CVV2 Code:    (Final three digits in the signature strip on back of card)

Expiry Date:      
M M Y Y

**FEE €445**

Summer Camp  
Includes all tuition, use  
of all equipment and CD  
of students work

Name on card: (PLEASE PRINT) \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_





# ADVANCED COURSE APP FORM 16-18 YRS

The Frank Kearns Rocks School, 12A Dublin Road, Sutton, Dublin 13, Ireland.  
Tel (01) 839 5969. Mobile 087 276 5754.

Student's Name \_\_\_\_\_ Mobile No \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Parent / guardian name \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Emergency name \_\_\_\_\_ Phone number \_\_\_\_\_

**Advanced August Course Dates for 16-18 yrs: Mon Aug 17 - Fri Aug 21 (5 days). 10am-3pm daily**

Instrument:  Bass  Guitar  Drums  Vocal

Taking lessons?  Yes  No How long? \_\_\_\_\_

In a band?  Yes  No How long? \_\_\_\_\_

What level are you?  Beginner  Intermediate  Advanced

Have you recorded music before?  Yes  No

Favourite bands and artists (list up to six): \_\_\_\_\_

How did you find out about the Rocks school? \_\_\_\_\_

Your Bebo / MySpace site, if applicable: \_\_\_\_\_

Additional info that will help place you in the most suitable group: \_\_\_\_\_

My cheque is enclosed made payable to: The Frank Kearns Rocks school **OR**

Please charge € \_\_\_\_\_ to my: Visa  MasterCard  Laser

Card #:                     (Last 3 boxes for Laser cards only)

CVV2 Code:    (Final three digits in the signature strip on back of card)

Expiry Date:      
M M Y Y

**FEE €245**

Advanced August Course  
Includes all tuition, use  
of all equipment and CD  
of students work

Name on card: (PLEASE PRINT) \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

