

## Camp of Rock Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Instruments: \_\_\_\_\_

Years Of Playing: \_\_\_\_\_ Age: \_\_\_\_\_

School(last year): \_\_\_\_\_

Teacher: \_\_\_\_\_

Private Instructor: \_\_\_\_\_

Session

Preferred: \_\_\_\_\_

Mail this application to:

**Ron Ebel**  
**709 San Luis Rey Dr.**  
**Oceanside CA, 92054**

For more information call Ron Ebel at (760) 757-3096