



2014 OMEGA STUDENT SURVEY www.BeyondRock.org 888-212-9834
Omega Course # 3605-833, August 3-8, 2014

You're going to love The Beyond Rock Experience!
To complete your registration and to help us create a great week for you, please return this form either by:

Scan and email:
classapplications@eOmega.org

Mail:
Omega Institute for Holistic Studies
Attn: Registration Dept
150 Lake Drive
Rhinebeck, NY 12572

Student's Name _____

Date of Birth _____ Age by Beyond Rock _____ Grade in Sept 2014 _____ M ___ F ___

Which of the following instruments do you want to play at Beyond Rock? Put a 1 after the instrument you most want to play, a 2 after your next choice, etc.

Guitar__ Keyboard__ Vocals__ Bass__ Drums/Percussion__ Other Instrument (please specify) _____

Have you ever played any of these instruments? yes no

If yes, for each instrument, please describe your experiences, your level, # years played, and training _____

I am aware that I may not be playing my first choice instrument on all songs.

What are some of your favorite artists/songs/styles of music?

How would you like to grow as a musician and/or as person through this program?

I realize that pictures and video may be taken by staff for fun memories and/or company marketing purposes and hereby give Beyond Rock my permission to reproduce and publish any photograph, video, or likeness of my child for advertising, commercial, or any lawful purpose.

Note: Typing name below is an e-signature.

Parent/Guardian
Signature _____ Date _____

Student
Signature _____ Date _____