



The Band Experience at Capricorn Studios

Application Form

Date	First	MI	Last
Phone	Address		Apt
Alt Phone	City, State		Zip
Email Address	REFERRED BY (<i>circle one</i>)		Birthday
	Astra / Cato / Other: _____		

In order to be a part of *The Band Experience*, you must commit to all of the required sessions for this program (6 over a 6 week period plus the gig).

1. What instrument do you intend to play in *The Band Experience*? _____
2. How long have you been playing that instrument? _____
3. Would you consider yourself beginner, intermediate, or advanced? _____
4. Have you been in a band or played with others on a casual basis? **Yes** / **No**
5. Have you ever recorded in a studio before? **Yes** / **No**
6. Are you a songwriter? **Yes** / **No**
7. What genre(s) of music are you interested in playing? _____

8. Name a few of your favorite bands/songs: _____

9. What are you most looking forward to with *The Band Experience*? _____

10. What most attracted you to *The Band Experience*? _____

11. Please tell us about your creative strengths and any special skills you possess:

11. Is there anyone else you know that may be interested in *The Band Experience*. If so, please feel free to provide their name(s) and contact information below:

13. We need to hear you play! How will we be receiving your audition? Make sure audio files/CDs are clearly marked with your name and please include contact information and the words "Band Experience Audition". (please include your completed application)

- Audio/Video Link
- Email: send to bandexp@capricornstudios.com
- Upload Via YouSendIt: Dropbox at capricornstudios.net/band_experience.html
- Snail Mail: send to 927 E St. San Diego, CA, 92101
- Other

Details: _____
