



## OPEN DAY REGISTRATION FORM AUSMUSIC COLLEGE

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

Phone (H): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

What course are you interested in?

Business

Sound Production

Performance

What music activities have you been involved with?

Where would you like to take your interest in Music?

How did you hear about us?

Street press

Radio

Web Search

Word of mouth

Other. Please Specify \_\_\_\_\_