



Rockit Academy 2019 Count Basie Center for The Arts Winter Application

Rockit is New Jersey's premier Live Music Education program for young musicians. Learn the classics during six weeks of group instruction and be a star as you perform live on the historic Count Basie stage. Vocalists, drummers, guitarists, bassists, keyboardists, brass and string players are encouraged to complement their private studies with our collaborative program. Audition and orientation class is required. All band classes are 90-minutes long and taught by talented instructors with diverse backgrounds. Space is limited. Upcoming concert: Sunday, March 3rd at 3pm. The Rockit Live Foundation is a 501(c)(3) nonprofit organization. For more information, please visit www.rockitacademy.org

Audition Requirements and Procedure: Ages 8 – 18

- All students must be currently studying with an instructor or a self taught master of music.
- Students must perform a **TWO-THREE** minute selection that best represents their style and ability. Vocalists are encouraged to sing karaoke, musical accompaniment or acapella. Singing with a prerecorded track with vocals is not permitted. All other musicians are encouraged to play along with a track but may also audition solo. Guitar solos are not required but helpful in band placement. **No Medleys please. If planning to audition with KARAOKE or a TRACK, please submit your audition song in MP3 format to info@rockitacademy.org by January 4th. No links please!**
- Students are expected to bring their own guitars, straps, drum sticks, brass and string instruments. All other equipment is provided, including cables and a full pedal board for guitarists.
- All students must attend all rehearsals unless extenuating circumstances should occur and must also perform in the end-of-semester concert.
- **AVAILABILITY:** Page two of this application offers an option to submit uncommon schedule conflicts.
- If your child meets the requirements and is interested in joining the Rockit Academy, please complete the application and return with audition fee payable to **Rockit Live Foundation** and mail to Rockit, P.O. Box 4237, Middletown, NJ 07748. You may also drop off completed forms with payment at the Count Basie offices no later than 4 PM, Friday, January 4th. You will be notified of your child's audition time once application is in.

Fees:

Audition Fee: **\$15**, Due with application Made payable to Rockit Live Foundation. **Additional \$15 fee** if auditioning on more than two instruments or songs.

Program Fee: **\$430.00** (includes \$10 registration fee) made payable to **Count Basie Center for The Arts**: Due upon acceptance into the program.

All students must comply with these guidelines and entrance to the program is based on their audition performance.

Participation in past Rockit sessions does not guarantee placement. The above-noted requirements are necessary to insure that each child enrolled in the program has a positive learning and educational experience.

Scheduled program dates are:

Audition: Saturday, January 5th 10am-8pm assigned

Orientation: Saturday, January 12th, 1:00pm for **NEW** students and a parent or guardian.

Rehearsals: Accepted students will be assigned to one 90-minute band rehearsal timeslot 4pm, 5:30pm or 7pm on either a Tues, Wed, Thurs, Fri or Saturday between 9am-5:30pm. The rehearsal schedule dates for this session are as follows: Tuesdays: January 22, 29; February 5, 12, 19, 26

Wednesdays: January 23, 30; February 6, 13, 20, 27

Thursdays: January 24, 31; February 7, 14, 21, 28

Fridays: January 25; February 1, 8, 15, 22; March 1

Saturdays: January 26; February 2, 9, 16, 23; March 2

Concert: Sunday, March 3rd, 3pm on the stage of the Count Basie Center For The Arts

For more information, please go to www.rockitlive.org or the Count Basie Center 732-224-8778 x125



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Please complete this application and return it with \$15 audition fee, or \$30 for more than 2 instruments made payable to Rockit Live Foundation & mail to Rockit P.O. Box 4237, Middletown, NJ 07748 or you may also drop off form with payment at the Count Basie Center offices no later than 4PM, January 4th. A confirmation email will be sent to confirm receipt of audition form and timeslot for your child. You will be notified of your child's audition results by Friday, January 11h

Student Name _____ Age _____ Birth Date _____

Address _____

City/State/Zip _____

Parent/Guardian Name _____

Parent Cell Phone _____ Home Phone _____

E-Mail Address Please print clearly _____

Emergency Contact and Number (other than the above) _____

School _____

Does your child have any special needs or medical conditions that we should be aware of?
Please include allergies, learning disabilities, physical limitations, etc.

Additional Student Information: Primary Instrument or Vocals Studying _____ How long? _____

2nd Instrument Studying _____ How Long? _____ Vocalists, can you harmonize? _____

Name of instructor or music school currently studying _____

Have you performed live with a band? _____ If yes, with which music school? _____

Preferred style of music _____ Favorite Bands you would like to perform _____

Other Songs you are able to perform upon request at auditions _____

How did you hear about Rockit!? _____

SCHEDULING, PLEASE READ CAREFULLY: This section **ONLY** applies to those students who may require special rehearsal scheduling due to: **Extensive travel time, Religious commitments, Unique family situations, or Daily school dismissal. This does not include extracurricular activities.** In consideration of the above, we will then prioritize students for multiple bands based on the need of selected songs and bands. We suggest leaving an open schedule so that we may place your child in the band best suited for them.

I hereby give permission for my child to participate in the Rockit Academy Sessions at Count Basie Center. I also give my permission to the Rockit Live Foundation and the Count Basie Center for the Arts to use in publicity of any kind, photographs, audio or video in which my child appears. The staff has my permission to seek emergency medical attention for my child in the event of an emergency if my emergency contact person or I cannot be reached. There are no refunds after the start of sessions.

Parent signature _____ Date _____