

Youth Orchestra Application First Season: September 2017-May 2018

| Name: | | DOB: | | |
|--|---|-------------------|----------------------|------------------|
| Street Address: | | | | |
| City: | State: | Zip: | | |
| Instrument: | How ma | ny years have you | ı been playing | ;? |
| Current Grade in School: | _ Music Teacher a | t School | | |
| Have you attended Symphony S | ummer Camp bef | ore? (circle) | YES NO | |
| What year(s)? | Can you | read music? | | |
| Do you play in any ensembles at | t school or otherw | vise? | | |
| Parent/Guardian Name: | | | | |
| Contact Information – Phone: _ | | email: | | |
| Do you take private lessons? (cir | rcle) YES NO | | | |
| Private Teacher Name (if applica | able): | | | |
| Contact Information – Phone: _ | | email: | | |
| □ I would like to pay \$600 tuition for t □ I would like to pay \$325 twice per your □ I would prefer to pay for the tuition □ I would like to apply for Financial Ai | ear in September and in \$85 monthly insta | | | O total) |
| Consent form and release: As parent or legal guard image and voice electronically recorded ("the ma | | • | ed, photographed, an | d to have his/he |
| Parent/Guardian Signature: | | | | |