SINFONIA GULF COAST YOUTH ORCHESTRA

REGISTRATION FORM ~ FALL 2019

Please bring completed form to the first rehearsal along with a check for $175 made out to:
Sinfonia Gulf Coast/Youth Orchestra

NAME_____ DATE OF BIRTH _____ GRADE_____

INSTRUMENT _____ YEARS STUDIED_____ SECONDARY INSTRUMENT _____

TELEPHONE _____

ADDRESS_____ CITY/STATE _____ ZIP _____

HOME PHONE_____ CELL PHONE _____

EMAIL _____

PARENT/GUARDIAN

MOTHER'S NAME _____ DAY PHONE _____ EMAIL_____

FATHER'S NAME _____ DAY PHONE _____ EMAIL_____

SCHOOL _____ COUNTY _____

*PRIVATE TEACHER _____ TIME STUDIED WITH THIS TEACHER_____

What orchestras or ensembles do you currently play in? _____

_____

What solo pieces, if any, have you performed in public? _____

_____

List any (music) prizes or awards you have won _____

_____

Applicant's Signature _____ Parent's Signature _____ Date _____