



REGISTRATION FORM

Please bring completed form to the first rehearsal along with a check for \$175 made out to:
SINFONIA GULF COAST

SINFONIETTA STRINGS (*beginner to intermediate*)

YOUTH ORCHESTRA (*advanced intermediate to advanced*)

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 _____