



Last Name _____ First Name _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell _____ DOB _____

School _____ District _____ Grade _____

Student's Email Address _____ checked _____
(please print clearly) daily weekly

Sibling

Last Name _____ First Name _____

Address _____ City/State _____ Zip _____

Cell _____ DOB _____

School _____ District _____ Grade _____

Student's Email Address _____ checked _____
(please print clearly) daily weekly

Parent/Guardian Information:

Last Name _____ First Name _____

Address _____ City/State _____ Zip _____

Work Phone _____ Cell Phone _____

Parent's Email Address _____ checked _____
(please print clearly) daily weekly

2nd Parent/Guardian

Last Name _____ First Name _____

Address _____ City/State _____ Zip _____

Work Phone _____ Cell Phone _____

Parent's Email Address _____ checked _____
(please print clearly) daily weekly

May I share your contact info with other orchestra members? Yes or No (circle)

Tuition: \$575 for 1st family member, \$150 for siblings Paid _____