

2011-2012 Concert Season Musician Registration & Contact Information



Please provide all of the following in the space provided, sign where indicated and return the completed form with all other required forms and payment(s) at or before the Parent Orientation Meeting on Sunday, October 2, 2011. All musicians/families are asked to complete and turn in required forms (including this form) each year regardless of past participation. **Please print.**

YSSO Musician Name: _____
(as it will appear in the concert series program)

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Telephone (home): _____ **Telephone (cell):** _____

YSSO Musician E-mail Address: _____

Is the e-mail address above the primary e-mail address you wish to use to receive weekly rehearsal and concert reminders, and other communication? If not, please provide the preferred e-mail address below.

YSSO Ensemble (circle) Youth Symphony Youth Orchestra Youth Strings

Instrument(s): _____

Name of School: _____

Grade in School (or equivalent if home-schooled): _____

School Music Teacher's Name: _____

School Music Ensemble and/or Class: _____

Private Music Instructor's Name: _____

Private Music Instructor's Address: _____

Father's Name: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Telephone (home): _____ **Telephone (cell):** _____

Please Use This E-mail Address for YSSO Communication: _____

Mother's Name: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Telephone (home): _____ **Telephone (cell):** _____

Please Use This E-mail Address for YSSO Communication: _____

By signing, the parent/guardian and musician acknowledge an understanding of and willingness to abide by all policies, expectations, procedures and requirements of the Youth Symphony of Southern Oregon.

Signature of Parent: _____ **Date:** _____

Signature of Musician: _____ **Date:** _____

Musician's Racial/Ethnic Characteristics: (optional, circle all that apply)
 Caucasian Hispanic Black Native American
 Middle Eastern East Indian Pacific Islander Other _____

FOR OFFICE USE ONLY: Paid Check# _____ Paid CC _____ Amount Paid \$ _____

Registration Complete Missing _____