

# REGISTRATION FORM



Date \_\_\_\_\_

Student Name \_\_\_\_\_ Student Age \_\_\_\_\_

Instrument \_\_\_\_\_ How many years of study? \_\_\_\_\_ Grade in School \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ alternate phone \_\_\_\_\_

E mail \_\_\_\_\_

Additional email address for notifications: \_\_\_\_\_

### ***Are you taking private lessons?***

Please make your teacher aware that your child is enrolled in the orchestra and that they should support him/her by helping with the orchestra music during lessons.

Private lesson teacher name \_\_\_\_\_

- I understand the commitment involved in being part of the CCYO & I agree to the requirements for successful participation. I understand that my child either must be taking private lessons or pass an audition in order to participate in the advanced orchestra. We understand that the commitment to be a part of this ensemble includes practicing the music and attending the rehearsals.

**Attendance Policy** - Two unexcused absences are permitted for the entire semester. If there are more than two unexcused absences or an unexcused absence for the last rehearsal (before the concert), he/she will NOT be permitted to perform in the final concert. If your child is sick or there is a family emergency, please let the CCYO know that your child will not be coming that week; this will not be considered as an unexcused absence.

- It is OK for the CCYO to use my photograph in publicity and promotion.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Advanced orchestra \$130 for 17 week semester (additional siblings \$90 each)*

*Beginning and Intermediate orchestra \$85 for 17 week semester (additional siblings \$60 each)*

Please make checks payable to CCYO to:

CCYO, P.O. Box 391, Sierra Vista AZ 85636

Contact: Maranatha Struse, CCYO General Manager, 678-4823, ccyo.email@gmail.com

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*For office use only*

- Beginning**       **Intermediate**       **Advanced**

**Date Paid** \_\_\_\_\_  
**Check Cash**