

# 2009-2010 REGISTRATION WINTER SEMESTER



## STUDENT INFORMATION

NAME	DATE OF BIRTH	GENDER	M	F
ADDRESS	CITY	STATE	ZIP	
HOME PHONE	CELL PHONE	EMAIL		
INSTRUMENT	SCHOOL	GRADE	PRIVATE TEACHER	

How long have you studied your instrument? \_\_\_\_\_

Do you participate in your school band, choir, jazz or orchestra program? (circle all that apply)

Band          Choir          Jazz          Orchestra

## PARENT/GUARDIAN INFORMATION *(if under the age of 18)*

MOTHER'S NAME	DAYTIME PHONE
EMAIL	CELL PHONE
FATHER'S NAME	DAYTIME PHONE
EMAIL	CELL PHONE

## PROGRAM INFORMATION

Circle the program(s) to which you are registering:

Chamber Strings      Prelude Strings      Chamber Ensembles

Why are you interested in this/these program(s)?

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## TUITION

\$100 Chamber Strings, Prelude Strings

\$125 Chamber Ensembles

Please mail your completed registration form, along with payment to:

Traverse Symphony Orchestra  
300 E. Front St., Suite 230  
Traverse City, MI 49684