

CIVIC PROGRAMS REGISTRATION WINTER 2012

TRAVERSE
SYMPHONY
ORCHESTRA

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

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

TUITION

\$100 Chamber Strings, Prelude Strings

- Check enclosed, made payable to *Traverse Symphony Orchestra*
 VISA, Mastercard or Discover

CARD # _____ EXP. _____ SEC. CODE _____

SIGNATURE _____

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

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