



Date: _____

Please print clearly.

Info will be entered into Concert Programs from this form

Musician Name: _____

Age: _____

Birthdate

Grade: _____

School: _____

New student to GWYS

Returning student; Orchestra Last Seated In

- Debut - Symphonette - Principal

I am interested in participating in a Chamber Group

Parent email: _____

** (Required- for general communication) **

Address: _____

Home Phone: (____) _____

Emergency Phone: (____) _____
(on Saturday mornings)

Parent/Guardian Names: _____

	Main Instrument	Second Instrument (optional)
Instrument Auditioning		
Number of years playing		
Teacher's Name		



Please select: Full year
 One Semester

Tuition	First Child	2+ Children
Full Year	\$250	\$225
One Semester	\$150	\$130
Chamber Group	\$50/semester per child	

Fall - Tuition due by September 19, 2009. (Full year discount only applies if paid by 9/19/09)

Spring - Tuition due by February 6, 2010. (Full year discount only applies if paid by 2/6/10)

Where did you hear about GWYS? _____

Medical/Behavioral information - Does your child have any medical conditions, allergies or behavioral issues? Are they taking any medications that we should be aware of for his/her safety? If yes, please explain.

Publicity/Photo Release: Periodically, photo's of GWYS Musicians may be used in Publicity Information, Local Newspapers, and/or on the GWYS website. Check only if you do not wish for your child to be identified. Individual/group photos may be used. - I do not wish for my child's name to be identified in any GWYS publicity.

My signature indicates agreement with the above named child's participation in the Greater Waterbury Youth Symphony in accordance with the policies as stated in the Handbook.

Signature: _____ Date: _____