

TREASURE COAST YOUTH SYMPHONY REGISTRATION 2010-2011

Student Name: _____
(as you would like it in programs – please print clearly)

Instrument: _____

Student Address: _____
City _____, **Zip** _____

E-Mail (Student) _____

Home Phone (Student) _____

Cell Phone (Student) _____

Student School: _____

Student Grade: _____

Student Age: _____

Student T-Shirt Size: _____

Private Music Instructor: _____

Private Music Instructor's email and contact information: _____

Number of Years of Study: _____

Number of Years Band/Orchestra: _____

Mother's Name: _____

Father's Name: _____

Parent Address: _____

City _____, **State** _____ **Zip** _____

E-Mail (Parent) _____

Home Phone (Parent) _____

Cell Phone (Parent) _____

Conductor's Audition Notes: