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
ccyo.email@gmail.com

For office use only

☐ **Beginning** ☐ **Intermediate** ☐ **Advanced**

Date Paid _____
Check Cash