

Musician's Registration Form

Please complete this form and mail it along with your check made payable to:

AYO
PO Box 1590
Plattsburgh, NY 12901

Student Name: _____ Parent Name: _____

Parent e-mail address: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Instrument: _____ NYSSMA Level* (if known): _____ *Please include a copy of your last NYSSMA solo sheet. If this is not available you will need to audition for the conductors on the first night.

Which school do you attend? _____ Graduating Year: _____

Private Teacher (if any): _____ Teacher phone: _____

Please circle which group you are interested in joining

Adirondack Youth Orchestra -**\$70 membership fee for the year**

Adirondack Youth Strings-**\$40 membership fee for the year**

Adirondack Youth Winds-**\$40 membership fee for the year**

I authorize the Adirondack Youth Orchestra Association (AYOA) to allow the reproduction of my child's name, likeness, image, voice and performance for the purpose of publicity. The AYOA may use its discretion to authorize members of the press to use photos or taped footage of my child. I approve the listing of the parent's e-mail address solely for communication of AYOA information, snowtree, etc. I acknowledge that more than two unexcused absences may prevent my child from performing in the concert. I also acknowledge that supervision is only provided in the rehearsal rooms during the specified rehearsal times.

Parent's Signature: _____ Date: _____