Magic Valley Youth Orchestra

Membership Application 2015-2016

Name			Date
Address			
City	State	Zip	Birthdate
*Personal E-mail*Parent E-mail			
*Telephone: Home or ParentCell			
Instrument	Teacher		Year in School
*Contact Information will be used by schedules, registration forms, and char			g of each season, rehearsal and concert leduling problems.
Membership Contract			
As a member in good standing of the Magic Valley Youth Orchestra, I understand and			
agree to the following:			
beforehand. 2. I will practice and ha 3. If I miss more than 2 the section coach that 4. I understand that fai elimination from the I agree to pay a \$20.00 par	ve my part learne rehearsals during at I am prepared t lure to meet the a concert performaticipation fee per state and the per state and the seconcert performaticipation fee per state and the seconcert performance and t	d prior to the a concert se o perform the bove require ance and/or concession. After	notify my section coach
Participant's Signature		Parent's Signature	