

Registration Form
Student Chamber Ensembles
2007-08 Season
Session I



Student Information:

Name: _____ Nickname: _____
(as you would like it to appear in a program – please print)

Address: _____ City/State/Zip: _____

County: _____ Home Phone: _____ Student Cell Phone: _____

Student Email _____ Age _____ Date of Birth: ____/____/____ Instrument: _____
(for quick updates and information)

Private Lesson Teacher: _____ Years Played: ____ Years of Private Study: _____

Grade: _____ School: _____

Parent or Guardian Information (if under the age of 18):

Father: _____	Mother: _____
Home Ph: _____ Work Ph: _____	Home Ph: _____ Work Ph: _____
Cell Ph: _____ Email: _____ <small>(for quick updates and information)</small>	Cell Ph: _____ Email: _____ <small>(for quick updates and information)</small>
Address: <input type="checkbox"/> same as above OR	Address: <input type="checkbox"/> same as above OR
Street: _____	Street: _____
City, State, Zip: _____	City, State, Zip: _____

Student resides primarily with: Both Parents Mother Father

Emergency Contact Name/Numbers: _____

In case of an emergency, we will always try and contact parents/guardians first, but in case we are unable to contact you, please give another person we may get in touch with.

Ensemble Preference: _____

Method of Payment:

Cash___ Check (Make checks payable to TSO)___

Visa___ MC___ Discover___ CC # _____ Exp date ____/____

Total Paid: \$ _____ Signature: _____ Date: ____/____/____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(if under 18)

Please send your completed registration form, along with payment of \$100 to:

Traverse Symphony Orchestra
 121 E. Front St., Suite 301
 Traverse City, MI 49684