



APPLICATION FOR YOUTH ORCHESTRAS

MEMBERSHIP 2017-2018

Name: (print legibly please)

Student Email:

Home Phone:

Street Address:

City:

State:

Zip Code:

Student Cell:

Birthdate:

Age:

AUDITION INFORMATION

First Instrument:

Second Instrument (if any):

Number of Years Played:

Number of Years Played:

Number of Years Private Lessons:

Number of Years Private Lessons:

EDUCATION

School and District:

Grade (Fall 2017):

School Music Teacher:

Private Teacher:

IN 2016-17 I WAS A MEMBER OF DSSO'S....(CHECK IF APPLICABLE)

Youth Symphony

Concert Orchestra

Sinfonia

Percussion Ensemble

PARENT/GUARDIAN INFORMATION

Primary Contact:

Relationship to member:

Cell phone:

Email:

Secondary Contact:

Relationship to member:

Cell Phone:

Email:

PHOTO RELEASE

I hereby grant permission for the Duluth Superior Symphony Orchestra to use my child's photograph solely for the purpose of printed and online promotional materials and publications. I waive any rights of compensation or ownership thereto, and I acknowledge that the DSSO may choose to use my child's photograph at this time or at a later date.

Name of Child

Name of Parent/Guardian

Signature

Date