

# CIVIC PROGRAMS REGISTRATION

## SINFONIA SUMMER 2018



### MEMBER INFORMATION

NAME	DATE OF BIRTH	GENDER	M	F
ADDRESS	CITY	STATE	ZIP	
HOME PHONE	CELL PHONE	EMAIL		
INSTRUMENT	HOW LONG HAVE YOU STUDIED YOUR INSTRUMENT?			
DO YOU PARTICIPATE IN OTHER LOCAL MUSICAL ENSEMBLES?				

### PROGRAM INFORMATION

Will you be unavailable for any of the rehearsal/performance dates (June 12, 19, 26; July 10, 17, 24, 31; and August 7)? [No rehearsal July 3, during Cherry Festival.]

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**MEDIA RELEASE FORM** - Please also sign and complete media release on back of form.

### TUITION – DUE BY TUESDAY, MAY 22, 2018

\$125 for the session – no scholarship funds are available

- Check enclosed, made payable to *Traverse Symphony Orchestra*
- VISA, MasterCard, Discover or American Express
- Paid online at <http://traversesymphony.org/concerts-tickets/civic-programs-tickets/>

CARD #	EXP.	SEC. CODE
SIGNATURE		

Please email your form to [rbutler@traversesymphony.org](mailto:rbutler@traversesymphony.org) or mail your form and payment to:

Traverse Symphony Orchestra  
300 E. Front St., Suite 230  
Traverse City, MI 49684



**Release Form for Media Recording**

I, the undersigned, give consent for the Traverse Symphony Orchestra, its employees, or agents to take photographs of me and/or my child and to use these in any and all media, exclusively for the purpose of marketing the Traverse Symphony Orchestra Civic Ensemble programs. I further consent that my name and identity may be revealed in descriptive text or commentary.

I release to the Traverse Symphony Orchestra, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I represent that I have read and understand the foregoing statement.

Name: \_\_\_\_\_ Minor  (If under age of 18, parent signature required, below)

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_