

CIVIC PROGRAMS REGISTRATION



DATE:

MEMBER INFORMATION

NAME	DATE OF BIRTH	GENDER	M	F
ADDRESS	CITY	STATE	ZIP	
HOME PHONE	CELL PHONE	EMAIL		
INSTRUMENT	SCHOOL	GRADE	PRIVATE TEACHER	

How long have you studied your instrument? _____

Do you participate in a school band, choir, jazz or orchestra program? (circle all that apply)

Band Choir Jazz Orchestra

PARENT/GUARDIAN INFORMATION *(if under the age of 18)*

MOTHER'S NAME	DAYTIME PHONE
EMAIL	CELL PHONE
FATHER'S NAME	DAYTIME PHONE
EMAIL	CELL PHONE

PROGRAM INFORMATION

Circle the program(s) to which you are registering:

Sinfonia Strings Prelude Strings Chamber Music Program

Why are you interested in this/these program(s)?

TUITION

\$125/semester Sinfonia Strings, Prelude Strings | \$50/semester Chamber Music Program

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

CARD #	EXP.	SEC. CODE
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SIGNATURE _____

Please also sign and complete media release on back of form. Please 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: _____

Parent Signature: _____