

# CIVIC PROGRAMS REGISTRATION WINTER 2017



## 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 your 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)?

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## TUITION – DUE BY FEBRUARY 1

\$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-programs>

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: \_\_\_\_\_