

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)?

Please also sign and complete the media release form on back.

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 information included below
- Please invoice me

CARD #	EXP.	SEC. CODE
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SIGNATURE _____

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: _____