

# SUMMER CIVIC 2019 REGISTRATION



## 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

## TUITION

\$125/semester    Civic Strings Summer Session

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

CARD #	EXP.	SEC. CODE
SIGNATURE		

Please mail your form and payment to:

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

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



**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: \_\_\_\_\_