

The Williamsburg Youth Orchestras

2009 Summer Music Festival
for String, Wind, Brass & Percussion

REGISTRATION

Student name: _____

Parent/Guardian: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____

Cell: _____ Cell: _____

Email: _____

Tuition: \$250 (\$225 for siblings)

Reserve your space now by sending your \$25 deposit and the registration form by July 10. Tuition balance due by August 1. Send checks payable to WYO Summer Music Festival to:

WYO, PO Box 1502, Williamsburg, VA
23187

Need based financial assistance is available for all WYO programs.

PUBLICITY RELEASE

WYO may use my child's likeness and/or recordings from rehearsals, concerts and other activities from the 2009 Summer Music Festival to promote WYO and its programs.

Signed: _____ date: _____

EMERGENCY MEDICAL RELEASE

In case of emergency: (other than parent)

Contact: _____ phone: _____

Does your child have any medical needs/food

allergies? _____

Physician _____ phone: _____

In case of emergency, in the event that neither I nor the emergency contact named above can be reached, I give my permission to have my child transported to Sentara Williamsburg Regional Medical Center for emergency treatment.

Signed: _____ date: _____

Student name: _____

Instrument: _____

Years of study: ____ age: ____ grade (09-10): ____

School attended last year: _____

Private teacher: _____

Private teacher phone: _____

Please list the titles and composers of music you have recently been studying, place a star by those you have performed.

Please list any other technique/study/etude books you are working from.

Please list all the scales and arpeggios you can play from memory (how many octaves?)

DISMISSAL

A parent /guardian, or a person listed below will meet my child in the loop in front of Ewell Hall each day

1. _____

2. _____

3. _____

OR

My high school student may sign out after Festival each day

Signed: _____ date: _____