

Williamsport Symphony Junior Strings

Name (as you would like it to appear in the concert program): _____

_____ Name you would like to be called: _____

Instrument: _____ Years played: _____

Address: _____ zip: _____

Home phone: _____ cell: _____ email: _____

Male Female Age _____ (as of 9/01/12) Grade (as of 9/01/12) _____

If you are you home-schooled, check this box.

School you attend: _____

Do you participate in a school music program? Yes
 orchestra band choir

Your school instrumental ensemble teacher(s): _____

Private teacher: _____ phone: _____ email: _____

List any participation in music groups outside of school:

List any musical honors, scholarships, and/or awards:

****Parent/guardian information:**

Parent/guardian's name: _____

Home address: _____ City: _____ State: _____ Zip _____

Home phone: _____ cell: _____ email: _____