



DURHAM YOUTH ORCHESTRA

REGISTRATION FORM

APPLICANT'S NAME	AGE	GRADE	SCHOOL	E-MAIL ADDRESS	CELL PHONE #

HOME PHONE #	ADDRESS	CITY	POSTAL CODE

PARENT'S INFORMATION	NAME	WORK PHONE #	CELL PHONE #	E-MAIL ADDRESS
Father				
Mother				

INSTRUMENT(S) YOU WISH TO PLAY IN ORCHESTRA: _____

Describe any previous instruction or playing experience that you have had on the instrument(s) listed above: _____

Number of years you have played this instrument: _____

Private Instructor's Name	Phone Number	Home Address	E-mail Address

Parent's Signature: _____ **Student's Signature:** _____

MUSICAL BACKGROUND

APPLICANT'S NAME: _____

List any other instruments you play: _____

Describe any involvement you have in your school music program: (eg. bands, choirs, orchestras)

List any scheduled band/choir/orchestra rehearsal times involving your after school hours only:

Describe any music theory instruction (including Conservatory exam results) you have had: _____

Why do you wish to belong to the Durham Youth Orchestra? _____
