

**CCYO REGISTRATION FORM**

**Date** \_\_\_\_\_

My child would like to participate in the CCYO. He/she has at least one year of playing experience. I understand that my child either must be taking private lessons or pass an audition in order to participate in the orchestra. My child and I understand that the commitment to be a part of this ensemble includes practicing the music and attending the rehearsals.

Student Name \_\_\_\_\_ Student Age \_\_\_\_\_

Instrument \_\_\_\_\_ How many years of study? \_\_\_\_\_ Grade in School \_\_\_\_\_

Private lesson teacher's name \_\_\_\_\_ (Please Print)

My student is prepared to be in this orchestra and I will support him/her by helping with the orchestra music during our lessons.

Private lesson teacher signature \_\_\_\_\_

Private lesson teacher e-mail \_\_\_\_\_ (if you would like to be informed of rehearsal information, concert activities, etc., about your student)

Parent Name \_\_\_\_\_ (Please Print)

Address \_\_\_\_\_

Phone \_\_\_\_\_ cell phone \_\_\_\_\_

E mail \_\_\_\_\_

Additional email address for notifications: \_\_\_\_\_

\_\_\_\_\_

I understand the commitment involved in being part of the CCYO & I agree to the requirements for successful participation.

It is OK for the CCYO to use my photograph in publicity and promotion.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Send registration form & payment of \$105 payable to CCYO to:  
CCYO, PO Box 391, Sierra Vista AZ 85636