

Marin Symphony Youth Programs

Membership Application

2010-2011 Season

<http://www.marinsymphony.org/youth>

Please fill out ALL sections

Print CLEARLY

STUDENT INFORMATION

I am applying for (select one):

Marin Symphony Youth Orchestra Crescendo Program

Name: _____ Instrument: _____

Years of Study: _____

Student cell phone: _____ Student E-mail: _____

Birthdate: _____ Grade (Fall 2010): _____ School: _____

School Music Instructor: _____ Private Music Instructor: _____

Private Teacher E-mail: _____ Private Teacher Phone: _____

Proficiency on other instruments? _____

Other ensemble experience: _____

Other extra-curricular involvements: _____

Returning MSYP Member? Yes / No Member since: _____

PARENT/GUARDIAN INFORMATION (FILL OUT AS APPROPRIATE)

Parent Name: _____ Parent Name: _____

Occupation: _____ Occupation: _____

Address: _____ Address: (if different) _____

Parent Cell: _____ Parent Cell: _____

Home Phone: _____ Home Phone: _____

Parent Email: _____ Parent Email: _____

Applicant's Signature: _____

Parent/Guardian Signature: _____

Private/School Music Teacher Signature: _____

We will contact you soon with your audition time.
Email with any questions. - yo@marinsymphony.org

Preferred Audition Date (Indicate 1st and 2nd Choice)

August 28 _____ August 29 _____ September 4 _____ September 5 _____
Morning _____ Afternoon _____

**Please enclose a \$15 non-refundable application fee made out to the Marin
Symphony Association and return to:**

Marin Symphony Youth Programs
4340 Redwood Highway, Suite 409C
San Rafael, CA, 94903