

Magic Valley Youth Orchestra

Membership Application 2015-2016

Name _____ Date _____

Address _____

City _____ State _____ Zip _____ Birthdate _____

*Personal E-mail _____ *Parent E-mail _____

*Telephone: Home or Parent _____ Cell _____

Instrument _____ Teacher _____ Year in School _____

*Contact Information will be used by MVYO for letters announcing the beginning of each season, rehearsal and concert schedules, registration forms, and changes due to weather or other unforeseen scheduling problems.

Membership Contract

As a member in good standing of the Magic Valley Youth Orchestra, I understand and agree to the following:

1. I will attend the rehearsals, sectional rehearsals, dress rehearsals and performances. If I must miss any rehearsals, I will notify my section coach beforehand.
2. I will practice and have my part learned prior to the weekly rehearsals.
3. If I miss more than 2 rehearsals during a concert season, I must demonstrate to the section coach that I am prepared to perform the music with the orchestra.
4. I understand that failure to meet the above requirements may result in my elimination from the concert performance and/or dismissal from the orchestra.

I agree to pay a \$20.00 participation fee per session. After September 26, 2015 for Fall Session and January 30, 2016 for Winter Session the participation fee will be \$25.00.

Participant's Signature

Parent's Signature