

LYP MEMBER APPLICATION

DATE _____

Name _____ *Instrument* _____

Address _____ City/State/Zip _____

Student Phone(s) _____ Student Email(s) _____

Parent Phone(s) _____ Parent Email(s) _____

Parent/Guardian Name(s) _____

School _____ Grade _____ Year of HS Graduation _____

In the interest of reducing scheduling conflicts, I also participate in: (*check all that apply*)

- school music group? orchestra band choir _____ other
- sports team theater/drama church youth group dance
- other extracurricular activity

Please list any upcoming dates or events that may conflict with the LYP _____

School Music Teacher _____ Number of years playing instrument: _____

Private Teacher _____ Number of years of private study: _____

How did you hear about us? Who referred you to us? _____

If accepted as a member in the LYP youth orchestras, we agree to participate in all rehearsals and concerts. We also agree to abide by all rules and regulations established by the LYP organization.

Student Signature

Date

Parent/Guardian Signature

Date

(For official use only)

Auditioned on _____ by _____

Place in: Sinfonia Philharmonic **Initials:** _____