

Coastal Georgia Youth Symphony Application Form 2007-2008

Student's Name _____ Birth Date/Age _____

Parent/Guardian Name _____

Address _____

_____ Home Phone _____

Work Phone _____ Cell Phone _____

Student's E-mail _____ Parent/Guardian E-mail _____

Current School _____

School _____ Grade _____

County _____

Instrument _____

Currently Enrolled in School Music Program? (Circle one) Yes No Not Available

Years of Study _____ Currently Taking Lessons? _____

Music Teacher's Name & Phone _____

Music Camps or Workshops Attended with dates:

Why do you want to be a member of the youth symphony?

I understand that if my student is accepted into the Youth Symphony, a \$50 fee will be charged to cover the cost of music, programs, etc.

Student Signature _____

Parent/Guardian Signature _____

Return immediately to Coastal Georgia Youth Symphony,
P. O. Box 603, Brunswick, GA 31521.