

Shoreline Youth Symphony Orchestra

SYSO Registration Form - 2009-2010 Concert Year

MAIL completed form and fee to:
Kathy Thomas, Registrar 61 Dream Lake Drive Madison, CT 06443

SYSO Member Name (as name will appear in SYSO programs) _____

Address _____

City, State, Zip _____

Telephone _____ **Grade (Sept 2009)** _____

Instrument _____ **Number of playing years** _____

Parent/Guardian Names _____

Parent Address/Phone (if different from above) _____

Parent e-mail (required for important news and announcements) _____

Student/Other e-mail addresses _____

For SYSO Membership – Make checks payable to *SYSO*:

Registration Fee – For returning SYSO members due by 9/30, or late registration fee will apply. **For new members** due at third rehearsal attended, or late registration fee will apply. Please check appropriate box:

- \$250** Registration **\$275 Late registration** (after 9/30)

SYSO meets at Daniel Hand High School in Madison every Wednesday from 7:00-9:00 p.m.

Parental Permission of Student Media Coverage/Videotaping/Photographs

- I grant** permission for my son/daughter to be listed in the SYSO member directory and to be interviewed, photographed, or videotaped in conjunction with SYSO related activities and publicity.
- I deny** permission for my son/daughter to be listed in the SYSO member directory and to be interviewed, photographed, or videotaped in conjunction with SYSO related activities and publicity.

ATTENDANCE: Commitment from all members will help us to be the best orchestra we can be. Therefore, no more than two absences will be considered acceptable for each term (fall and spring). Please arrive on time and do not leave rehearsals early, as late arrivals and early departures are very disruptive. Ann or Bill Clemmons must approve extenuating circumstances.

I have read and agreed with the commitment statement above.

Student Signature

Date

Parent Signature

Date