



Orillia Youth Symphony Orchestra Registration Form

<i>Member Information:</i>			
Name:			
Date of Birth:			
School:		Grade:	
Email:			
Instruments Played:	• • •	For how long?	• • •
Do you have access to the Internet from your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Emergency Contact:</i>			
Name:		Cell/Phone:	

<i>Parent / Guardian Information: #1</i>			
Name:			
Address:			
City:			
Phone:		Cell Phone:	
Email:			
Do you have access to the Internet from your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<i>Parent / Guardian Information: #2</i>			
Name:			
Address:			
City:			
Phone:		Cell Phone:	
Email:			
Do you have access to the Internet from your home?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		