

**Central Valley Youth Symphony Association
Registration Form
2018-2019 Season**

Date: _____

Orchestra: (circle one): Full Symphony Preparatory Orchestra

Applying for (circle one): Fall & Spring 2018-19 Fall 2018 only Spring 2019 only

Please **print clearly**:

Student's Name _____

Gender (optional) please circle Male Female

Ethnicity (optional) _____

Home Phone _____

Address _____

City/Zip _____

Parent/Guardian #1 _____ Cell Number _____

Parent/Guardian #2 _____ Cell Number _____

Student's Cell (Optional) _____

Parent/Guardian #1 Email Address _____

Parent/Guardian #2 Email Address _____

Student's Email Address (Optional) _____

Instrument _____ How Long? _____

How many *previous* years playing with CVYS? _____ Age _____

Grade in School _____ Name of School _____

School District _____

School music teacher _____

Private music teacher _____

Do you play in your school instrumental program ** (circle one) Yes No

If not, why? _____

**** Please Note: CVYS strongly encourages students to participate in their school music programs.**

CVYS will contact you with important updates, including our Newsletter, via email. If you do not have an email, please indicate how else we may reach you:

List your present music instructors below. This should include school and private lessons:

Instructor _____	Instructor _____
Address _____	Address _____
City/Zip _____	City/Zip _____
Phone Number _____	Phone Number _____
Instrument _____	Instrument _____
E-mail Address _____	E-mail Address _____

FEES

Pick one fee below:

TUITION	Amount Due	Amount Paid
Full Symphony Fall Semester only	\$325	
Full Symphony Spring Semester only	\$325	
Full Symphony Fall & Spring Semesters	\$500	
Preparatory Orchestra Fall Semester	\$275	
Preparatory Orchestra Spring Semester	\$275	
Preparatory Orchestra Fall & Spring	\$450	
GRAND TOTAL		

All fees are due no later than the first rehearsal of the season.

WE PREFER YOU PAY ONLINE HERE: <http://commerce.cashnet.com/01COM>

Cash _____ Check Number _____ Money Order Number _____

For Credit Card Payment :

Number _____ Expiration Date _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Signature _____

**Central Valley Youth Symphony
UOP Conservatory of Music
3601 Pacific Ave
Stockton CA 95211**

If you have questions, please contact CVYS at (209) 946-CVYS or cvys@pacific.edu