

2023-2024 MEMBERSHIP APPLICATION

This form must be <u>completed</u> in order to begin rehearsals.

STUDENT INFORMATION

First Name		Last Name					
Address				City	State	Zip Code	
Home or Cell Phone			Student's Email (list the one used most often)				
Age Grade	School						
Primary Instrument / Length of Study / Instructor			Secondary Instrument / Length of Study / Instructor				
What year did you join FYS?			If referred, whom may we than <u>k?</u>				
Is the student a graduating senior this year? YES NO				Is the student in Running Start? YES NO			
FAMILY INFORMATI	ION						
Primary Parent or Guardian Full Name		Address		City	Zip Code	Primary Phone	
Secondary Parent or Gu	uardian Full Name	Address		City	Zip Code	Primary Phone	
Primary Email							
FULL YEAR TUITION	INFORMATION						
□ Sinfonette Orchestra \$375 PayPal QR co		PayPal QR code	5	To keep tuition affordable FYS requires 10 volunteer			
□ Junior Orchestra \$425					n each family per yea		
□ Youth Orchestra \$475				 2-payment plan with 50% due on 9/30/23 & 1/31/24 \$25 sibling discount to each additional sibling with full-year 			
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Other:	\$			tuition			

FIDALGO YOUTH SYMPHONY POLICY AGREEMENT

I/We have read the Fidalgo Youth Symphony website policy pages and understand that as caregivers and students of this symphony, we're an important part of a team. We understand what is necessary to be part of Fidalgo Youth Symphony regarding behavior, participation, volunteerism, tuition, concerts, safety, and dress code. I further agree that pictures of my participation may be used, in any form, as part of any future publication, brochure, or other printed material to promote FYS. By adhering to these policies, we agree to help make Fidalgo Youth Symphony the best it can be. **Must be signed to begin rehearsals.**

Signature of Student

Date

Date

Signature of Primary Parent/Guardian

P.O. Box 692 | Mount Vernon, WA 98273 |www.fysmbys.org | fidalgoyouthsymphony@gmail.com