

2023-2024 MEMBERSHIP APPLICATION

This form must be **completed** 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 What year did you join MBYS? Is the student a graduating senior this year? YES NO		Secondary Instrument / Length of Study / Instructor If referred, whom may we thank? Is the student in Running Start? YES NO			
FAMILY INFORMATION					
Primary Parent or Guardian Full Nan	ne Address	City	Zip Code	Primary Phone	
Secondary Parent or Guardian Full N	lame Address	City	Zip Code	Primary Phone	
Primary Email					
FULL YEAR TUITION INFORMA	TION				
☐ Sinfonette Orchestra \$350 ☐ Junior Orchestra \$375 ☐ Youth Orchestra \$400 ☐ Other:\$	PayPal QR code	hours from 2-pays \$25 si			
MOUNT BAKER YOUTH SYMPH	HONY POLICY AGREE	EMENT			
I/We have read the Mount Baker Youth we're an important part of a team. We participation, volunteerism, tuition, conform, as part of any future publication, help make Mount Baker Youth Sympho	understand what is neces neerts, safety, and dress co brochure, or other printed	sary to be part of Mount de. I further agree that pi I material to promote MB	Baker Youth Symphon ctures of my participated YS. By adhering to the	y regarding behavior, tion may be used, in any	
Signature of Student			Date		
Signature of Primary Parent/Guard			 Date		