

**Central Valley Youth Symphony Association  
Registration Form  
2016-2017 Season**

Date: \_\_\_\_\_

Orchestra: (Please Circle)                      Full Symphony                      Preparatory

Semester applying: (Please Circle)      Fall 2016                      Spring 2017                      Both

Please print clearly:

Student's Name \_\_\_\_\_

Please Circle    Male    Female

Ethnicity (optional, for grant writing purposes only) \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Student's Cell (Optional) \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Student's Email Address (Optional) \_\_\_\_\_

Instrument \_\_\_\_\_ How Long? \_\_\_\_\_

How many *previous* years playing with CVYSA? \_\_\_\_\_ Age \_\_\_\_\_

Grade in School \_\_\_\_\_ Name of School \_\_\_\_\_

School District \_\_\_\_\_

School music teacher \_\_\_\_\_

Private music teacher \_\_\_\_\_

Do you play in your school instrumental program \_\_\_\_\_

If not, why?  
\_\_\_\_\_

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

**CVYSA 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:**  
\_\_\_\_\_

Student's Name \_\_\_\_\_

Please check and pay for all that apply:

DUES & TUITION	Amount Due	Amount Paid
Full Symphony Fall Semester	\$213	
Full Symphony Spring Semester	\$213	
Full Symphony Fall & Spring Semesters	\$350	
Preparatory Orchestra Fall Semester	\$188	
Preparatory Orchestra Spring Semester	\$188	
Preparatory Orchestra Fall & Spring	\$300	
<b>ADDITIONAL REQUIREMENTS</b>		
Ad (Mandatory) \$50 minimum *	\$50	
Fall Concert Tickets/TBA	TBA	
Winter Concert/TBA Tickets are purchased at venue Box Office	TBA	
Spring Concert Tickets/\$50 * <i>(Mandatory purchase of 5 (five) \$10 Tickets for the Spring concert as outlined in the student manual. Tickets purchased on the day of the concert will be \$12)</i>	\$50	
Friends of CVYSA/\$250 * <i>*Yearly participation in the Friends of CVYSA will waive the mandatory purchase of an Ad and Spring concert tickets. Please see enclosed sheet for more information about the Friends of CVYSA program.</i>	\$250	
REQUIRED CONCERT WEAR <i>Ordering information enclosed. Symphony wear must be ordered directly from Stage Accents, <a href="http://www.stageaccents.com">http://www.stageaccents.com</a></i>		
<b>GRAND TOTAL</b>		

For Office use only:

Check Number \_\_\_\_\_

Money Order Number \_\_\_\_\_

For Credit Card Payment :

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Credit Card Billing Zip Code \_\_\_\_\_

Security Code on Back of Card \_\_\_\_\_

Signature \_\_\_\_\_

*All fees are due by the first rehearsal of the season*

Student's Name \_\_\_\_\_

**Please list below, your present music instructors (this should include school, private lessons and summer programs):**

Instructor \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Instrument \_\_\_\_\_

Instructor \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Instrument \_\_\_\_\_

Instructor \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Instrument \_\_\_\_\_

Instructor \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Instrument \_\_\_\_\_

**Please list below 4 persons we may contact by letter for our Fall 2016 fund raising efforts. Possible ideas are relatives, friends, and persons you do business with such as your doctor, dentist, lawyer, or merchant. These funds are greatly appreciated and used solely for students and symphony enrichment.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_

Thank you for taking the time to complete this information...Remember if you have questions, please contact CVYSA at (888) FOR-CVYS.

Revised June 12, 2016