

Community Music School
Western Illinois University

String Orchestra Registration
2011 - 2012

For office use

___ registration fee paid

Fall

Spring

Name (*printed*): _____

Instrument: _____ Years played: _____

Age: _____ Grade: _____ School: _____

Student Information

Address: _____

Home Phone: _____ Cell Phone: _____

Student Email (if applicable): _____

Parent Contact Information

Parent Names (first and last): _____

Phone

Mobile

Email

Please print clearly

Mom Home: _____ q _____

Dad Home: _____ q _____

Emergency Contact Information (in case mom or dad can't be reached)

Name: _____ Relationship: _____

Phone/Cell: _____

Parent Instructions and Confirmation

____ Check here if you **do not** give permission for pictures or name of student to be used for publicity in publications such as, but not limited to, newsletters, newspapers and magazines, and WIU brochures.

Parent signature for permission to enroll: _____ Date: _____

Registration: \$75 per semester*
\$150 per year*

Checks payable to: Community Music School at WIU

Payment due on or before 1st rehearsal for participation

Please mail (*or bring to first rehearsal*) completed form and check to: Dr. Richard Cangro
School of Music
Western Illinois University
1 University Circle
Macomb, IL 61455

** Scholarships available if financial need*