



For Office Use Only:

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Date: _____

WFYSO RE-ENROLLMENT FORM 2011-2012

Name: _____ Age: _____ Grade 2011-12 _____

Instrument: _____ How long played? _____

School you attend: _____ School Orchestra Teacher _____

(If Applicable) Private Instructor _____ How many years? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Student Email: _____

Are you interested in participating in a small group ensemble if space allows? YES NO
(Ensembles require an additional weekly rehearsal and periodic performances)

Parent Information:

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

WFYSO annual membership fees are **\$100.00 for the year if you re-enroll by May 31, 2011. The membership fee will be \$120.00 after this date.** Please send in a \$50 deposit with this form no later than MAY 31st to secure your spot at the reduced rate.

Please ask about our scholarship policy if tuition is a hardship for you or contact Jessica with questions about reduced rates at (940)723-6202 or jbess@wfyouthsymphony.org.

Mail this completed form and deposit to:
Wichita Falls Youth Symphony Orchestra, 1300 Lamar, Wichita Falls, TX 76310

See you at rehearsal on September 11th!