



2019-2020 DSSYO MEMBERSHIP APPLICATION

Name: (print legibly please)		
Student Email:		Home Phone:
Street Address:		
City:	State:	Zip Code:
Student Cell:	Birthdate:	Age:
AUDITION INFORMATION		
First Instrument:		Second Instrument (if any):
Number of Years Played:		Number of Years Played:
Number of Years Private Lessons:		Number of Years Private Lessons:
EDUCATION		
School and District:		
Grade (Fall 2019):		
School Music Teacher:		Private Teacher:
IN 2018-19, I WAS A MEMBER OF DSSYO'S....(CHECK IF APPLICABLE)		
Youth Symphony		Concert Orchestra
Sinfonia		Percussion Ensemble
PARENT/GUARDIAN INFORMATION		
Primary Contact:		Relationship to member:
Cell phone:		Email:
Secondary Contact:		Relationship to member:
Cell Phone:		Email:
PHOTO RELEASE		
I hereby grant permission for the Duluth Superior Symphony Orchestra to use my child's photograph solely for the purpose of printed and online promotional materials and publications. I waive any rights of compensation or ownership thereto, and I acknowledge that the DSSO may choose to use my child's photograph at this time or at a later date.		
Name of Child:		Name of Parent/Guardian:
Signature:		Date: