



2020-2021 DSSYO MEMBERSHIP APPLICATION

Name: (print legibly please)

Student Email:

Home Phone:

Street Address:

City:

State:

Zip Code:

Student mobile phone:

Birthdate:

Age:

INSTRUMENT 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 2020):

School Music Teacher:

Private Teacher:

IN 2019-20, I WAS A MEMBER OF DSSYO'S.... (CHECK IF APPLICABLE)

Youth Symphony

Concert Orchestra

Sinfonia

Percussion Ensemble

New Applicant for this year

If you are a returning member, are you planning to audition for a different orchestra?

Yes, I plan to submit an audition.

No, I'd like to stay in the same group and do not need to audition.

PARENT/GUARDIAN INFORMATION

Primary Contact:

Relationship to member:

Mobile phone:

Email:

Secondary Contact:

Relationship to member:

Mobile phone:

Email: