

**SPRINGFIELD YOUTH SYMPHONY
MEMBERSHIP AGREEMENT FOR THE 2016-2017 SEASON**

I WILL participate in SYS this year _____

I WILL NOT participate in SYS this year _____. If not, please contact Mr. Johnston at (417) 523-8982 immediately. Thank you.

PLEASE BRING THIS COMPLETED FORM WITH ALL REQUIRED SIGNATURES TO REHEARSAL BY MONDAY, SEPTEMBER 12.

We have examined the Springfield Youth Symphony schedule of rehearsals and activities for the 2016-2017 season and agree that _____ has sufficient
(student's name)

time to make a commitment to all SYS activities. We further agree that student work schedules will be arranged to eliminate conflicts with scheduled rehearsals, performances and other events.

Parent signature _____ Date _____

Student signature _____ Date _____

(Please print legibly)

Student Name to appear in programs: _____

Parent('s) Name(s): _____

Student Email: _____

Parent Email: _____

Student Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone(s) Hm _____ Stud. cell _____ Parent cell _____

Instrument _____ Secondary Instrument(s) _____

School Grade '16-'17 _____ School: _____ Member of school (circle) band/orchestra

Private teacher: _____ Band/Orchestra director: _____
(print) _____ (print) _____

(required signature) _____ **(required signature)** _____

Private Teacher Mailing Address: _____ City: _____ State: _____ Zip: _____

Private Teacher Email: _____