

South Hills Junior Orchestra

Membership Registration Form 2009/2010 Season

Please PRINT all information clearly and answer all questions.

MUSICIAN'S NAME _____	Instrument _____
Street Address _____	Male/Female _____
City, State, ZIP _____	Phone # _____ <small>(Please include area code)</small>
Musician's Email _____	Birthdate _____
Emergency Phone # _____ <small>(Please include area code)</small>	

School District _____	Grade _____
School _____	
School Music Director's Name _____	
Private Instructor's Name _____	
How did you originally hear about SHJO? _____	

Parent/Guardian Name(s) _____	Home Phone _____ <small>(Please include area code)</small>
Street Address _____	Cell Phone _____ <small>(Please include area code)</small>
City, State, ZIP _____	Work Phone _____ <small>(Please include area code)</small>
Parent Email _____	

(REQUIRED – PLEASE PRINT CLEARLY; WILL be used for communication)

During the course of the year, group photographs of the orchestra will be taken. Participation in the orchestra indicates your acceptance of these pictures being taken. There are times, however, when small groups and individual musician pictures are taken by outside parties such as a newspaper that is covering our activities. Do you permit your musician to be photographed by an outside party and allow their picture to be used for orchestra-related publicity and/or articles? YES NO

MUSIC DONATION (Per Musician):	FULL YEAR	\$150.00
	EACH SEMESTER	\$100.00

For SHJO Use Only:

	INITIAL/DATE	CHECK/CASH/ACCT
FALL		
SPRING		
ANNUAL		