



2019-2020

MEMBERSHIP APPLICATION

This form must be completed before attending rehearsals

STUDENT INFORMATION

First Name _____		Last Name _____	
Address _____		City _____	State _____ Zip Code _____
Home or Cell Phone _____		Student's Email (list the one used most often) _____	
Age _____	Grade _____	School _____	
Primary Instrument / Length of Study / Instructor _____		Secondary Instrument / Length of Study / Instructor _____	
What year did you join FYS? _____		If referred, whom may we thank? _____	
Is the student a graduating senior this year? YES NO		Is the student in Running Start? YES NO	

FAMILY INFORMATION

Primary Parent or Guardian Full Name _____	Address _____	City _____	Zip Code _____	Primary Phone _____
Secondary Parent or Guardian Full Name _____	Address _____	City _____	Zip Code _____	Primary Phone _____
Primary Email _____				

FULL YEAR TUITION INFORMATION

<input type="checkbox"/> Sinfonette Orchestra	\$370	To keep tuition affordable FYS requires 10 volunteer hours from each family per year. <input type="checkbox"/> 2-payment plan with 50% due on 9/30/2019 & 1/20/2020 <input type="checkbox"/> We offer a \$25 sibling discount to each additional sibling with a full-year enrollment. Example: A family with 3 children enrolled for a full year would have a \$50 sibling discount total.
<input type="checkbox"/> Junior Orchestra	\$450	
<input type="checkbox"/> Youth Orchestra	\$475	
<input type="checkbox"/> Other: _____	\$ _____	

FIDALGO YOUTH SYMPHONY POLICY AGREEMENT

I/We have read the Fidalgo Youth Symphony website policy pages and understand that as caregivers and students of this symphony, we're an important part of a team. We understand what is necessary to be part of Fidalgo Youth Symphony regarding behavior, participation, volunteerism, tuition, concerts, safety, and dress code. I further agree that pictures of my participation may be used, in any form, as part of any future publication, brochure, or other printed material to promote FYS. By adhering to these policies, we agree to help make Fidalgo Youth Symphony the best it can be. **Must be signed to begin rehearsals.**

Signature of Student _____ Date _____

Signature of Primary Parent/Guardian _____ Date _____

Completed application is due **BEFORE** beginning rehearsals.

P.O. Box 692 || Mount Vernon, WA 98273 || 360-483-4330 || www.fysmusic.org