

SOUTH FLORIDA YOUTH SYMPHONY, INC.

54th SEASON Membership APPLICATION

Miami Dade College North, 11380 NW 27th Ave Building 5000

Today's date _____

PLEASE PRINT CLEARLY

Home Phone () _____

RETURNING STUDENT _____(check)

Parent Cellular () _____

Student Cellular () _____

STUDENTS NAME _____ AGE _____ GRADE _____
LAST FIRST new school year

ADDRESS _____ - _____

Apt # _____ Birth Date _____ Ethnicity _____

City ZIP Code

PARENTS/ GUARDIAN NAME_ (Circle) mr / mrs _____

PARENT E MAIL _____@_____

STUDENT E MAIL _____@_____

STUDENTS Primary Instrument _____ yrs/mos. played _____ Beginner ? ___ - 2nd Instrument? _____

Diagnosed Special Needs? Describe so we can best serve you _____

STUDIED PRIVATELY _____ TEACHERS NAME _____ how long? _____

SCHOOL student attends _____

SCHOOL music directors name _____

LIST OTHER INFORMATION WE SHOULD KNOW ABOUT YOU, (ON BACK)
CHURCH ACTIVITIES, SPECIAL TALENTS ETC.

FEES for membership: August Through May \$450, siblings @ \$395, 2nd class if available, \$100
approximately 32 weeks of classes

Scholarship needs: see the guidelines.. MUST SUBMIT a Tax Document every year

DEPOSIT REQUIRED WITH ACCEPTANCE: \$75 per child (By Pay Pal \$80)

We accept pay pal payments with this \$5 surcharge.

Checks, Cash, and Credit cards accepted

Need an instrument? ask us for available usage.

All student fees are to be totally paid by February 10th

More Information?

Call Mrs. Hahn, Executive Director at the office 305-238-2729 or cell 305-962-2079