

# ***SOUTH FLORIDA YOUTH SYMPHONY, INC.***

## ***57th SEASON*** Membership APPLICATION

email to [marjihahn@gmail.com](mailto:marjihahn@gmail.com)

Today's date \_\_\_\_\_

**PRINT** CLEARLY

RETURNING STUDENT \_\_\_\_\_(check)

Home Phone ( ) \_\_\_\_\_

Parent Cellular ( ) \_\_\_\_\_

Student Cellular ( ) \_\_\_\_\_

STUDENTS NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_  
LAST FIRST new school year

ADDRESS \_\_\_\_\_ - \_\_\_\_\_

Apt # \_\_\_\_\_ Birth Date \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Disabilities \_\_\_\_\_

PARENTS/ GUARDIAN NAME\_ (Circle) mr / mrs \_\_\_\_\_

PARENT E -MAIL \_\_\_\_\_ @ \_\_\_\_\_

STUDENT E- MAIL \_\_\_\_\_ @ \_\_\_\_\_

STUDENTS Main choice Instrument \_\_\_\_\_ yrs/mos. played \_\_\_\_\_ Beginner \_\_\_ 2<sup>nd</sup> Instrument? \_\_\_\_\_

Diagnosed Special Needs? Describe how we can best serve you \_\_\_\_\_

STUDIED PRIVATELY? \_\_\_\_\_ TEACHERS NAME \_\_\_\_\_ how long? \_\_\_\_\_

Is this student in a school music program? Yes \_\_\_\_\_ No \_\_\_\_\_

SCHOOL student attends \_\_\_\_\_ Music Directors Name \_\_\_\_\_

Person Authorized to pick up student from class \_\_\_\_\_

LIST OTHER INFORMATION WE SHOULD KNOW ABOUT YOU, (ON BACK)

**FEES** August - May \$600 - siblings @ \$525 2<sup>nd</sup> class -if available on site - extra \$100

*approximately 30 weeks of classes* ½ season Jan--May \$325

Scholarship needs: see the guidelines MUST SUBMIT a Tax Return Document Every Year

- **Non-Refundable DEPOSIT required with acceptance: \$100 per child**
- **Pay by VENMO/ southflorida-youthsymphony or CASH APP (\$Sofloyouth) - Zelle 305 962-2079 (Pay PAL with a sevice fee)**

Checks, Cash and ( Credit Cards Accepted- with a handling charge of 2.00 per transaction)

Need an instrument? ask us for available usage. - \$50 rental fee- scholarships available

**More Information?**

**Call Mrs. Hahn, Executive Director cell phone 305-962-2079**