



For Stringed Instruments

Orchestra Registration Form - Adult

Participant Information

First name\_\_\_\_\_ Last name\_\_\_\_\_

Age \_\_\_\_\_ Graduation year HS\_\_\_\_\_

Graduation year College/Univ\_\_\_\_\_

Instrument\_\_\_\_\_

How long have you played your instrument? \_\_\_\_\_years.

Private lessons? Y N School program Y N Other\_\_\_\_\_

Please tell me any important things about your playing experience:

\_\_\_\_\_

Phone #\_\_\_\_\_ email address\_\_\_\_\_

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Emergency contact (name, phone #, relationship)

\_\_\_\_\_

\_\_\_\_\_

Are there any medical issues I should be aware of?

\_\_\_\_\_

May I put your photograph on the Arco Music Academy website?

\_\_\_\_\_ Please write yes or no and initial.

Thank you for filling out this form completely. Safety first, fun second!

Please bring a music stand to rehearsals! Thank you!!