Southeast Indiana Youth Orchestra Registration

- o I am a returning student and none of my information as changed.
- o I am a returning student but please note the change in my information listed below.
- o I am a new student.

Name of student_____ Instrument_____ Grade/Birthdate

Name of student_____ Instrument_____ Grade/Birthdate

Name of student_____ Instrument_____ Grade/Birthdate

Parent/Guardian name(s):_____

Phone#: _____ Cell #: _____

Email: _____

Due to the type of organization we are, reminders and announcements will be sent mainly by email so your email address is important. It is also important that you provide the email address that you check most frequently.

Address: _____

County of residence: _____

How did you hear about our program? ☺ _____
_____

Teacher's Name: _____

Emergency contact (in case you can't be reached):

Name: _____Relationship with child:_____

Phone # _____ Cell: _____

Does your child have any health concerns we should be aware of?_____

_____1). I and my child have read the behavioural policy and understand that they are to be on their best behaviour.
_____2). I understand the SEIYO picture/videos/media may be used on SEIYO marketing material by SEIYO personnel.

Parent signature: _____Date: _____

Please returned filled out document with payment form. Mail this document to C/O SEIYO, 7820 Briarway Ct. Guilford, In. 47022.