sun valley
summer symphony
SCHOOL OF MUSIC

Middle School Vocal Ensemble (Melodia) Application

Session: ☐ **Fall 2009** ☐ **Winter/Spring 2010**

Program: ☐ **Middle School Ensemble (Melodia)**

Fees: **$50 registration fee**

Return completed form and registration fee to your music teacher or mail it to: SVSS School of Music, P.O. Box 3956, Hailey, ID 83333
If you have questions contact the office at: 788-4616 or gasenica@mindspring.com

Applicant's name _____
(last) (first) (other)

Grade (in fall 2008) _____ School _____ Birth Date _____ Age _____

Parent's name (please print) _____

Mailing address _____

_____
(city) (state) (zip)

Phone number _____(days) _____(eves) Email_____

Years of vocal experience: _____ Are you in your school vocal program? _____

Private instructor (if applicable)_____ Years _____ Phone _____

Other instruments (list) _____

Music/performing experience (list programs, recitals, festivals, etc.) _____

_____

Music Camps/Workshops _____

This application must be signed by the applicant and a parent or guardian.

Applicant signature _____ Date _____

As parent (or guardian) of the above named applicant, I give permission for him/her to participate in the Sun Valley Summer Symphony School of Music Vocal Ensemble.

Parent or guardian signature _____ Date _____