

## DOUGLAS COUNTY YOUTH ORCHESTRA

## 2024-2025 REGISTRATION APPLICATION—COMPLETION REQUIRED!

CONTACT INFORMATION			EMERGENCY CONTACT (OTHER THAN PARENT)			
Parent Name(s)			Name(s)			
Mailing Address City/State/Zip			Home Phone / Cell Phone			
Street Address (if different) City/State/Zip			Email			
			Relations	hip		
PhoneHomeCell						
Email						
STUDENT INFORMATION						
Name	Birthdate (m/d/yyyy)	Age	Grade As of Fall 2024	Instrument	Years of experience	Renting an instrument?
PREVIOUS MUSIC EXPERIENCE						
Have any of your students had any of the following:  • Private string music lessons: Y N Which student(s): Teacher(s):						
Experience on a non-string instrument: Y N Which student(s):						
Group music performance experien	nce (though sch	nool, chu	rch, etc.) : Y	Which student	(s):	
NEW STUDENTS	S: HOW DID YO	DU HEAR	ABOUT DCYO	? (CIRCLE ALL TH	IAT APPLY)	
Name of School	Current DCYO Family			Word of Mouth		
DCYO/USA website	<ul><li>Online Search</li><li>Facebook</li></ul>			<ul><li> Poster</li><li> Other</li></ul>		

## ABOUT OUR ORGANIZATION