



REGISTRATION FORM 2016/2017

PLAYER'S NAME: _____

RETURNING MEMBER: YES _____ NO _____

DATE OF BIRTH: _____

INSTRUMENT: _____

HOW LONG PLAYING _____

PARENT'S NAME: _____

ADDRESS: _____

PARENT'S CONTACT NO.: _____

PARENT'S EMAIL: _____

REGISTRATION FEE TO JUNE 2017 **€90** Method of payment: _____
€80 for 2nd child and €30 thereafter

PRINTING CHARGE applicable to all **€10** Date paid: _____

I HAVE READ AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF MEMBERSHIP: _____

FOR USE BY ORCHESTRA MANAGER ONLY : ☐ ☐ JUNIOR: SENIOR: ☐ ☐

☐ JUNIOR: SENIOR: ☐ ☐

JUNIOR: SENIOR: ☐ ☐

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All information supplied will be held in confidence by the committee of Julianstown Youth Orchestra and will only be used for communication purposes and in case of an emergency.