

PREMIER ORCHESTRA INSTITUTE

APPLICATION FORM

NAME: _____ PARENT: _____

ADDRESS: _____
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CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

_____ E-MAIL: _____

INSTRUMENT: _____ YEARS OF
STUDIED: _____ SCHOOL&GRADE: _____ REPERTOIRE _____

BIRTHDAY: _____ AGE: _____ SEX: _____

MUSIC
TEACHER: _____ PHONE: _____
_____ E-MAIL _____

T-SHIRT SIZE: CHILD: S _____ M _____ L _____ ADULT:
S _____ M _____ L _____

One shirt is provided to each student.
Additional T-shirts \$15