

All Florida Youth Orchestra Inc.
1708 North 40th Avenue
Hollywood, FL 33021
954-962-5666
954-962-8080 fax
FYOmusic@gmail.com



Musicfest 2019 Summer Camp
Direct Camp Line: 954-913-9331
DawnJanosik@gmail.com
Camp Location: Westminster Academy
5601 N. Federal Highway
Fort Lauderdale, 33308

MUSICFEST 2019 REGISTRATION

This original form, along with the Medical and Parental Consent forms must be filled out and MAILED along with your deposit to: FLORIDA YOUTH ORCHESTRA – Myrna Dixon – 10307 NW 70 Street – Tamarac, FL 33321

ALL FUNDS PAYABLE TO “FLORIDA YOUTH ORCHESTRA” ARE NON REFUNDABLE

Name _____ Age _____ 2019/2020 School Grade _____

Parent(s) Name (mom's) _____ (dad's) _____

Address _____ City _____ ZIP _____

E-Mail **PLEASE write clearly** _____

1 Free T-Shirt Included . Size: Youth S M L or Adult S M L

I wish to purchase additional shirts @ \$15 each Youth S M L _____ qty. or Adult S M L _____ qty.

Mom's Cell Phone _____ Dad's Cell Phone _____

(PLEASE CHECK ONE) Instrument that you play: _____ Flute _____ Oboe _____ Violin _____ Viola _____ Cello _____ Bass

Name of Private Teacher _____ Teacher's Phone _____

How long have you studied your instrument? _____ Years _____ Months

Are you currently a student in FYO? If yes what division are you in? Alpha Silver Chambers Repertory Flute Symphony Principal

What Piece are you practicing on now? _____

Name and NUMBER of the Method Book that you playing out of? _____

_____ I would like to apply for the Honors Group (Book 5 or above, acceptance by audition only) *Audition piece will be provided once registration received*

*Musicfest fee is \$435. Please send ALL forms (registration, medical permission and parental consent) along with your \$200 deposit (balance due of \$235 on or before **June 1st**) to FYO Treasurer – Myrna Dixon – 10307 NW 70 Street – Tamarac, FL 33321 BY MAY 15th.*

Make Checks Payable to Florida Youth Orchestra
DO NOT FAX THE FORMS – THEY MUST BE ORIGINALS

The Camp Fee is \$450 if paying by Credit Card _____ American Express _____ Master Card _____ Visa

Name on Card _____ Billing ZIP Code _____

Credit card number _____

Expiration Date _____ Security Code (MUST HAVE) _____

I authorize Florida Youth Orchestra to charge my credit card _____

Signature

Date Received _____ Paid \$ _____ Balance Due \$ _____ Check # _____ C.C. _____

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