

All Florida Youth Orchestra Inc.  
1708 North 40<sup>th</sup> Avenue  
Hollywood, FL 33021



**Musicfest 2020 Summer Camp**  
**Direct Camp Line: 954-913-9331**  
**DawnJanosik@gmail.com**  
**Camp Location:** Westminster Academy  
5601 N. Federal Highway  
Fort Lauderdale, 33308

## MUSICFEST 2020 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 \_\_\_\_\_ Boy / Girl Age \_\_\_\_\_ 2020/2021 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 CIRCLE ONE)** Instrument that you play: Flute 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 1<sup>st</sup>) to FYO Treasurer – Myrna Dixon – 10307 NW 70 Street – Tamarac, FL 33321 BY MAY 15<sup>th</sup>.**

**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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