

TOLEDO SYMPHONY YOUTH ORCHESTRA
MEMBERSHIP VERIFICATION FORM

DUE SEPTEMBER 12, 2011

SCHOOL BAND/ORCHESTRA DIRECTOR

I hereby affirm that (Student Name) _____ is
currently a member in good standing in the (name of school ensemble) _____
_____.

DIRECTOR'S NAME _____

DIRECTOR'S SIGNATURE _____

DIRECTOR'S EMAIL ADDRESS*: _____

*email will only be used to update directors and private instructors about upcoming concerts and auditions.

PRIVATE TEACHER

I certify that this student is currently studying privately with me and is eligible to be a
member of the Toledo Symphony Youth Orchestra.

PRIVATE TEACHER NAME: _____

PRIVATE TEACHER SIGNATURE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____

EMAIL ADDRESS: _____

*email and street addresses will only be used to update directors and private instructors about upcoming
concerts and auditions.

STUDENT & PARENT

I _____ agree to maintain membership in my school's
band/orchestra and continue private lessons as a condition of my membership in the
Toledo Symphony Youth Orchestra. Should I change teachers, schools, or have difficulty
or a conflict that prohibits this condition, I will bring this to the attention of the TSYO
staff and directors immediately.

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____