



**B I S M A R C K - M A N D A N  
S Y M P H O N Y Y O U T H O R C H E S T R A**

**YOUTH ORCHESTRA REGISTRATION**

*Please fill out this form and return it at your audition time.*

Name: \_\_\_\_\_

Instrument: \_\_\_\_\_ How long have you played? \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

Private Teacher (if applicable): \_\_\_\_\_

Grade/Year in Fall 2025: \_\_\_\_\_ School: \_\_\_\_\_

**REQUIRED FOR ANY STUDENT AGE 18 AND UNDER**

Parent/Guardian Name: \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Parent E-mail Address: \_\_\_\_\_

**PARTICIPATION IN PARALLEL SCHOOL MUSIC PROGRAM**

By signing below, I am verifying that my student is enrolled in his/her school music program on the instrument that I am performing in the BMSYO. *All students must be registered in their school orchestra or band programs with the appropriate instrument or must request exemption from this policy in writing to the BMSO before the first rehearsal.*

\_\_\_\_\_ Check here if your school does not have a band or orchestra program or if your student is home-schooled.

Parent/Guardian Signature: \_\_\_\_\_