



Arts Centre Orchestra Enrollment Form 2011-2012

Please Print and Fill in Where Applicable

Student Name _____ Age ____ Grade ____

Home Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ Cell Phone: _____

EMAIL ADDRESS(ES): _____

Parent Name(s) _____

If phone and addresses for parents are different, please indicate where mailings are to be sent:

Instrument _____ How long playing _____ Years in MYO/ARCO _____

Private Instruction: ____ NO ____ YES Instructor Name: _____

School Name: _____ Music Teacher: _____

Beginner Advanced Beginner Philharmonia Symphony Strings

ARCO is a music enrichment program. Would you be able to participate in these activities?

Publicity _____ Concert/Event Planning _____ Fundraising _____

Music Accompaniment (Piano/Guitar/other) _____ Phone Calling _____

Other _____

ARCO/RRCA OFFICE USE ONLY:

1ST SEMESTER: TUITION PAID: _____ METHOD: _____ DATE _____

2ND SEMESTER: TUITION PAID: _____ METHOD: _____ DATE _____