## **Green Mountain Youth Orchestra 2019-2020**

Name	Instrument
Address	
Parent/Guardian Name(s) r	names
Phone	Email
Indicate session(s) that you evening in the MAUMS m	would like to join. Rehearsals are every Wednesday usic room.
Repertory String Ens	semble 5:30-6:15
Senior String Ensem	ble 6:15-6:45
Symphonic Orchestra	a 6:45-8:00
What grade are you in?	
Major instrument?	Minor instrument (if any)?
Length of study major instr	minor? Minor instrument (if any)? minor?
 Membership Dues	
Dues for family membersh	ter \$100Dues for 1 musician/year \$180 ip/semester \$190Dues for family/year \$340 for semester/year (circle one)
its members in publicity, or	to time Green Mountain Youth Orchestra uses photos of n its website and brochures. I understand that my may appear in printed or electronic materials for Green.
	Date
Parent /Guardians signature	e
Could you recommend ano musician's name and conta	other musician to GMYO? If so, please provide the act information:
Contact GMYO Director P	Patrick O'Connell at 617-281-7900 with any questions.
Please fill out this registrati 18 Burchard Ave. Hoosick	ion form and mail with check to: Falls, NY 12090

Checks may be made payable to: Patrick O'Connell