



# The Community Youth Orchestras of Boston

Debra Thoresen, Director

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## Registration 2011 - 2012

### Contact Information

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School and grade in September \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

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

Parent/Guardian Email \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_

### Performance Experience

Instrument  
\_\_\_\_\_

Private Teacher Name *-please indicate number of years of study-*  
\_\_\_\_\_

Orchestral Experience *-please name the orchestra and number of years participating-*  
\_\_\_\_\_  
\_\_\_\_\_

List the name and date of the last orchestral piece performed  
\_\_\_\_\_  
\_\_\_\_\_

List the name and date of the last solo piece performed  
\_\_\_\_\_  
\_\_\_\_\_