

Office Use Only:

Paid: _____ Check# _____ Cash _____ Date: _____

WHITE ROCK COMMUNITY ORCHESTRA

REGISTRATION FORM

Annual Registration Fee : Adults \$150, *Students \$75*
(Students under age 22, enrolled in a recognized institute of learning) No refunds on Fees
Rehearsals 9:30 - 11:30 Saturdays, Masonic Hall, 15302 Pacific Avenue, White Rock, BC

DATE OF FIRST REHEARSAL: _____

NAME: _____

ADDRESS: _____

Street Address
City
Postal Code
(_____) _____ (_____) _____

Cell Phone
Home/Other Phone

Email _____

Emergency Contact Name and phone number
 Yes or No I give White Rock Community Orchestra permission to send me emails about orchestra news programs, & events.

 Yes or No : I give White Rock Community Orchestra permission to share my contact information with other members of the orchestra.

 Yes or No I give White Rock Community Orchestra permission to use photos of me, taken during WRCO events through video, photo and digital camera, for promotional material, social media postings and publications for the WRCO.

How did you find out about WRCO? _____

Primary instrument and length of time you have played it: _____

 Experience with ensembles on this, or other instruments: __________
 Music education: __________
 Other things about your musical skills you would like to tell us: __________
Required parental approval for Student Registration is on page 2:

PARENTAL APPROVAL FOR:

STUDENT NAME: _____

Yes or No I give White Rock Community Orchestra permission to send my child emails about orchestra news programs, & events.

Yes or No : I give White Rock Community Orchestra permission to share my child's contact information with other members of the orchestra.

Yes or No I give White Rock Community Orchestra permission to use photos of my child, taken during WRCO events through video, photo and digital camera, for promotional material, social media postings and publications for the WRCO.

Parent/Guardian Signature(s)_____
*Phone /Cell Phone*_____
Today's Date