

If you are interested in being part of the Summer Intensive Workshop, please e-mail us at info@musiccityyo.org and mail completed application BY MONDAY, JULY 3 to:



Music City Youth Orchestra
Attn: Summer Intensive Workshop
P.O. Box 120502
Nashville, TN 37212

Name of Musician _____ Birth Date _____

Parent(s) Name(s) _____

Address _____ County _____

City, State _____ Zip Code _____

Musician Primary Phone _____

Musician Primary E-mail _____

Parent Primary Phone _____

Parent Primary E-mail _____

Instrument _____ Number of years on instrument _____

Last grade completed _____ School (or home school) _____

School ensembles (band, orchestra, choir, other), if involved _____

Name(s) of current Private Instructor and/or Orchestra Director

Please tell us about your musical experience

I agree with all the requirements as stated above and give my permission for MCYO to use my name and/or photo for publicity and promotional purposes:

Parent Signature _____ Date _____

Parent Print Name