



Strathroy-Caradoc Optimist Youth Band Ages 10-17

Registration Form 2015-2016

Student Name: _____

Parent Name(s): _____

Address: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Email: _____

Emergency Contact Name: _____ Relation: _____

Phone: _____

Allergies or dietary sensitivities? _____

Instrument Choice 1st _____ 2nd _____

Do you have your own instrument? _____

Are you able to rent an instrument? _____

Parents: Must escort their child(ren) into the practice room and pick up. Practices will be held at West Middlesex Arena Thursdays from 7:15-8:15. Students are expected to come prepared to practice (have instrument, any music handed out, etc.) Cell phones are to be kept inside instrument cases. The Optimist Club may take photos of the band for promotion, no student names will be used.

Parent(s) Signature: _____ Date: _____

Payment: \$50 per child September 2015 - May 2016

Office Use:

Payment Received? Cash _____ Cheque _____