

Youth Outreach Week Registration

Student's Name

Student's Birthday

Student's Address (Number and Street, City, State, ZIP code)

Student's Email

Student's Phone Number

Parent's or Guardian's Name

Parent's or Guardian's Address (Number and Street, City, State, ZIP code)

Parent's or Guardian's Email

Parent's or Guardian's Phone Number

Student's Instrument (wind players indicate first or second)

Violin I	Cello	Oboe	Horn
_ Violin II	Bass	Clarinet	Trumpet
_ Viola	Flute	Bassoon	Timpani

Teacher's Name

Teacher's Email

Teacher's Phone Number

Please request a letter of recommendation from your teacher:

____ Included with this registration

____E-mailed to programs@mnsinfonia.org

I have looked at the schedule for The Minnesota Sinfonia Youth Outreach Week (available online) and am able to participate in all scheduled activities July 22-26, 2024:

__ Yes __ No __ Maybe

> Mail form to: Minnesota Sinfonia, 901 N 3rd St, Ste. 112, Minneapolis MN 55401 For more information: Minnesota Sinfonia 612-871-1701 or <u>www.mnsinfonia.org</u>