North Albany Elementary Beginner Class
Spring 2016 Registration Form

We are glad you enjoyed the first session of orchestra classes for the 2015-2016 academic year. Please complete this registration form and submit payment for the second session. If you were granted scholarship assistance for the first session, you are automatically qualified for assistance for the second session. There is no need to reapply. Scholarships are valued at ½ the session fee.

Rehearsal Times: Tuesdays and Thursdays 7:55-8:40 am
Location: North Albany Elementary School stage, 815 E. Thornton Lake Dr. NW, Albany
Duration: Feb. 9 ï May 26, 2016
Fee: $160 (scholarship students: $80)

Rehearsal Schedule

Rehearsals will not be held on no-school days

Wk.	Class Dates Tuesdays/Thursdays
1	Feb. 9, Feb. 11
2	Feb. 16, Feb. 18
3	Feb. 23, Feb. 25
4	Mar. 1, Mar. 3
5	Mar. 8, Mar. 10
6	Mar. 15, Mar. 17
7	Mar. 29, Mar. 31
8	Apr. 5, Apr. 7
9	Apr. 12, Apr. 14
10	Apr. 19, Apr. 21
11	Apr. 26, Apr. 28
12	May 3, May 5
13	May 10, May 12
14	May 17, May 19
15	May 24, May 26

The performance is scheduled for May 25, 2016 at 6:30 pm in the Memorial Middle School gymnasium.

Registration Deadline: February 3, 2016

Please bring this completed form with payment to your studentôs orchestra teacher
ï OR ï
Mail by Feb. 3 to: MVPS, c/o Nancy Koll
937 5th Ave. SW
Albany, OR 97321
(make checks payable to Mid-Valley Prelude Sinfonia or MVPS)

Mid-Valley Prelude Sinfonia
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Student Name _____

Address _____ City, Zip Code _____

Parent/Guardian Names _____

Parent Email Address _____

Home Phone # _____ Cell # _____ Work # _____

School Attending _____ Grade in School _____

Student Birth Date _____ Instrument (violin, viola, or cello) _____

* If not enough people are registered, we will cancel with a full refund.

Mid-Valley Prelude Sinfonia Agreement

I, _____, agree to attend all scheduled rehearsals and the
(student)
performance in the entire session, unless otherwise discussed with the director. I will arrive on time and be prepared to rehearse for the duration of the rehearsal. If any emergency were to arise, I will contact the director as soon as possible.

Student _____ Date _____
(signature)

Parent/Guardian _____ Date _____
(signature)

___ There may be times that a picture is taken of your child that we would like to use in our marketing materials or our website. Please check here if you wish that your childôs photo NOT be used for these purposes.