

Salinas Christian Youth Band

2010-2011

Enrollment Form

Student name(s): _____

Grade(s) _____

Attending: (PCCA) (MDS) (SCS)

Parent(s) name _____

Day time phone # _____ Evening # _____

Continuing SCYB member (Yes) (No)

Previous music experience _____

Your Child would like to play

Instrument: _____ 2nd choice _____

Will you be renting an instrument from the school? (Yes) (No)

******Please return this form to your child's music teacher. Thank you!***