

Let's Play Violin – Spring '09 Application Form

Allow your child to explore the wonders of music by learning the basics of playing the violin. This recreation-based experience will teach your child skills in responsibility, listening and performance as they will learn the basics of musicianship and musicality and prepare to get started on this marvelous instrument.

The first class is mandatory for all participants as each student will be provided their instrument and each guardian will complete required paperwork. No infant siblings in class please.

Fee: \$150 | Ages: K – 3rd & 4th - 5th Grade | Location: Lovejoy Elementary School

Dates: Feb. 3–March 31 | Time: K-3rd is 4:30-5:15 & 4th-5th is 5:30 – 6:15 | Day: Tuesday (no class March 17)

*One adult **MUST** attend **EACH** class with students in Kindergarten thru 3rd grade.*

Student's Name: _____

Age: _____ Grade: _____ School Attending: _____

Parent's/Guardian Name: _____

Parent's Email Address: _____

Parent's Mailing Address: _____

Parent's Phone Number: _____

In case of medical emergency please provide my child with the proper care: Yes:___ No:___

And then contact: Name: _____

Phone: _____

MAIL TO: Cross Timbers Youth Orchestra – P.O. Box 883 – Allen, TX 75013

Office Information:

Instrument # _____ Instrument Size: _____

Payment:

___ CC: _____

___ Check: _____

___ Cash: Will accept in full at first class if you do not want to mail.

Let's Play Violin Instrument Use and Responsibility Agreement

Instrument Type: Violin

We are happy to welcome you to a Cross Timbers Youth Orchestra program. The fee that you paid for this course includes an amount to cover the cost of insurance and maintenance for the instrument you are using. This covers any minor repairs and regular checkups/tuning that is needed. However, it does not cover replacement for loss, theft or major damage. Therefore, CTYO asks you to read, complete and sign the agreement below.

I agree to return the instrument to CTYO staff at the last class of the recreational program, which is March 30, 2008.

I understand and agree that **failure to return** the instrument by this date, **or the return of the instrument in any condition other than the same condition in which it was delivered** to me or my child, ordinary wear and tear excepted, will result in me being obligated to pay the sum of **\$400** to CTYO, it being expressly agreed that such sum represents the fair market value of the instrument. **Upon failure to return the instrument, or return of the instrument in any condition other than the same condition in which it was delivered** to my child, ordinary wear and tear excepted, I agree to pay the sum set forth above within 10 days of the date shown above.

Parent Signature

Date

Print Name

Street Address

Student Name

City

Zip

Parent Email Address

Parent Telephone Number

Office Information:

Instrument Description

Tag/ID Number

