

RPYO Member Information

Please fill out this form so we can keep our records up to date. Please mail this to the RPYO before the seating auditions

Name _____ *Name you wish to be called (if different)* _____

Street Address _____

City _____ *ZIP* _____ *Phone* _____ *Best E-mail address for us, if any* _____

Father _____ *Mother* _____

Father's or Mother's Address (if different from above) _____

Would you like regular RPYO mailings sent to this address also? _____

Father's Place of Work _____ *Phone* _____

Mother's Place of Work _____ *Phone* _____

School Name _____ *Year in School* _____

School Address _____
Street Town/City Zip Code

School Principal _____ *Director of Music* _____

School Instrumental Ensemble(s) you play in. (RPYO membership requires your participation in a school instrumental ensemble) _____

School Music Teacher(s) _____

Private Music Teacher(s) _____
Address: _____

Other Instruments you play _____

Other Activities you enjoy _____

Summer Activities you'd like to share with us _____

Anything else about yourself you'd like us to know _____
