

OWENSBORO SYMPHONY YOUTH ORCHESTRAS
2007-2008 PARENTS INFORMATION FORM

PLEASE COMPLETE ALL INFORMATION BELOW. Please type or print legibly.

Ensemble: **OSYO** **OSYO-CADET** (please circle one)

Father's Name: Mr./Dr./Rev. _____

Address: (if different than student) _____

City/State/Zip: _____

Phone: (home) _____ (cell) _____ (work) _____

*E-mail Address: _____

Occupation: _____

Place of Work: _____

Mother's Name: Mrs./Ms./Dr. _____

Address: (if different than student) _____

City/State/Zip: _____

Phone: (home) _____ (cell) _____ (work) _____

*E-mail Address: _____

Occupation: _____

Place of Work: _____

Emergency Contact: Mrs./Ms./Dr. _____

Relation to student: _____

Phone: (home) _____ (cell) _____ (work) _____

* The OSYO will use e-mail almost exclusively to communicate with parents. If you have multiple e-mail accounts, please list the e-mail address that you check **MOST OFTEN**.