



Timmins Symphony Orchestra Geoffrey James Lee School of Music

Student Registration Form 2016–2017

Student Name: _____

Parent's Name: _____

Age of Student (If 18 and under): _____

Email Address: _____

Telephone Number: _____

Mailing Address: _____

City: _____

Postal Code: _____

School you attend: _____

Instrument: _____

Teacher's Name: _____

Lesson Day: _____ Time: _____ Duration: _____

Will you be registering in an Ensemble: Yes No Type: _____

Do you have any other children taking lessons at the school: Yes No

Name: _____

Would you like to receive your invoices and receipts by email? Yes No

Would you like to receive information on TSO events by email? Yes No