ISLAND UKULELES
"A" Level Registration 2009/10

Student's Name: _____ ☐A1 ☐B1 ☐A2-3 OB ☐A2-3 Br
(First name) *(Last name)*

Grade_____ School_____

Student's Name: _____ ☐A1 ☐B1 ☐A2-3 OB ☐A2-3 Br
(First name) *(Last name)*

Grade_____ School_____

Student's Name: _____ ☐A1 ☐B1 ☐A2-3 OB ☐A2-3 Br
(First name) *(Last name)*

Grade_____ School_____ (OB: Oak Bay / Br: Braefoot)

Home Address _____ Home Phone _____

_____ E-Mail Address _____

Mother's Name _____ Father's Name _____

(Please provide information below <u>if different from student's</u>)

Telephone Number _____ Telephone Number _____

E-mail Address _____ E-mail Address _____

Mailing Address _____ Mailing Address _____

_____ _____

I/we are willing to assist in the following area(s). (Please check all that apply):

☐Bake Sale ☐Chaperone ☐Concert set-up ☐Driving ☐Executive

☐Graduation Reception ☐Phone caller ☐Poinsettia sales ☐Silent Auction

☐Other (please specify) _____

Registration Fees: ☐**$90** *(Individual)* ☐ **$130** *(Family rate "A" levels)* ☐ **$40** *(Spring New A1s)* ☐**$25** *(Spring trial)*

ISLAND UKULELES A MUSIC SOCIETY MEMBERSHIP APPLICATION

I /we_____ wish to renew/apply for membership in the Island Ukuleles A Music Society.
Parent's name(s)

I acknowledge that membership requires adherence to the Society's Constitution and By-laws and payment of an annual registration fee of **$1 each**.

Parent's Signature(s) _____ Date _____

_____ Date_____

Society Fees: ☐**$1** *(1 parent)* **or** ☐**$2** *(2 parents)*

Total Enclosed_____

or:

Please pay amounts due out of _____trust account. _____
Child's name **Parent's signature**

No student will be denied the opportunity to participate because of an inability to pay. Please contact Tina Horwood (Musical Director) if finances are a concern. Your confidentiality will be respected.

Society Use only:

Fees received on:_____ By: _____ Membership Registered_____