

Please return one form for each student. Tuition is due no later than the first rehearsal on Saturday, **September 8th**. Please contact MYS by Friday Sept. 7th to make arrangements for installment payments. To apply for financial aid go to www.playmys.org/financial. **Thank you!**

Student Name: _____

will join the following MYS ensemble(s): 1) _____ 2) _____
Ensemble 1 Ensemble 2 (if applicable)

- I am applying for financial aid
- I am arranging for installment payments

ENSEMBLE COSTS | PLEASE CIRCLE PAYMENT TYPE & TUITION AMOUNT

(There is no extra charge to play in more than one ensemble / There is a discount with check or cash payments)

Ensemble / Class	Check / Cash	Credit Card
Baroque Strings, Concert Band, Concert Orchestra, Hillsboro Intermediate Strings, Interlude Orchestra, Jazz Band, Jazz Ensemble, Sinfonietta Orchestra, Symphonic Band, Symphony Orchestra, Vivaldi Strings	\$660	\$670
Overture Strings & Hillsboro Overture Strings	\$620	\$630
Student is 1 st sibling of:	\$560	\$570
Student is 2 nd sibling of:	\$480	\$490
Theory Fundamentals Class (optional) Class times: 11:30am - 12:20am / 12:45pm - 1:30pm Be the best musician you can be and understand the foundations of music necessary for performance. Students will take an evaluation on the first day of class to assess their level. Beginning & intermediate/advanced classes will be offered based on student's knowledge.	\$85	\$95
Late fee for tuition received after Saturday, September 8th	\$25	\$25
TOTAL	\$ _____	

I would like to make a tax-deductible contribution to the Tuition Assistance Fund to ensure that all students may participate in MYS programming! (You will receive a receipt for your contribution.)

Gift Amount
\$ _____

- Check enclosed. **Write student name on memo line** and make checks out to Metropolitan Youth Symphony or MYS
- Please charge my Visa/MasterCard *(fill out below if you are paying by credit card):*

Card number _____ Expiration _____ 3 Digit Code _____

Name _____

Address _____ City _____ State _____ Zip _____

Email _____

Phone _____ Work or cell _____

MAIL TO: MYS, 4800 SW Macadam Ave, Suite 105 | Portland, OR 97239 | 503-239-4566