2017- 18 Tuition & Commitment Form

Date: _____

Please return one form for each student. Tuition is due no later than **September 9th**. Please contact MYS by Friday Sept. 8th to make arrangements for installment payments. To apply for financial aid go to **www.playmys.org/financial**. **Thank you!**

_____ will join the following MYS ensemble(s):

Student Name

1)_____ 2) _____

Ensemble 1 Ensemble 2 (if applicable)

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, Interlude Orchestra, Jazz Bands, Sinfonietta Orchestra, Symphonic Band, Symphony Orchestra, Vivaldi Strings	$645	$655
Overture Strings	$595	$605
Student is 1st sibling of:	$545	-
Student is 2nd sibling of:	$465	-
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.	$75	-
Late fee for tuition received after September 10th	**$25**	-
TOTAL	**$**	

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 **– Make checks out to Metropolitan Youth Symphony; write student name on memo line**
- ❑ I plan to apply for financial aid by Sept. 9th. Go to **www.playmys.org/financial.html** for the financial aid form.
- ❑ I will call the MYS office by Friday, September 8th to arrange for installment payments
- ❑ 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