



Hawaii Youth Symphony

1110 University Avenue Suite 200, Honolulu, HI 96826

808-941-9706 808-941-4995

www.hiyouthsymphony.org admin@hiyouthsymphony.org

Join us for 2010 SUMMER STRINGS

Class Term:	Weekdays (Monday to Friday) June 14—July 16, 2010 (no class on Monday, July 5)
Class Times:	BEGINNING 1:30—2:30 pm INTERMEDIATE 3:00—4:00 pm
Location:	St. Andrews Priory 224 Queen Emma Square
Cost:	\$195 (non-refundable after June 4) Fees for music are included.
Instrument Rental:	\$45 for violin /viola \$60 for cello/bass
Eligibility:	See class descriptions below for eligibility. <i>You don't have to be a current HYS member to participate.</i>
Need more info?:	Call HYS at 941-9706.

CLASS DESCRIPTIONS

The **BEGINNING CLASS** is designed for students who have no previous experience. You must be born on or before 6/01/2002. You can choose to learn violin, viola, cello or bass.

The **INTERMEDIATE CLASS** is designed for string students who have at least one year of experience on a string instrument. You must be born on or before 6/01/2002.

PLEASE NOTE: FINAL CLASS PLACEMENT IS DETERMINED BY THE INSTRUCTORS.

*******ENROLLMENT IS LIMITED*******



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2010 Summer Strings Enrollment Form

Student Name _____ Male Female
First Middle Last

Instrument you play or want to play Violin Cello Viola Bass Birthdate _____

Father Name _____ Mother Name _____

Mailing Address _____ Home Phone _____

City, State _____ Zip _____ Cell Phone _____

Email Address _____ School in 2009-10 _____

Grade in 2009-10 _____ Were you in HYS last season? Yes No If YES, which group? _____

Private Teacher's Name (if applicable) _____

Describe your music experience (e.g., years of lessons, classes, etc.) _____

Please indicate the class you would like to register for:

Please note: Final class placement is determined by the instructor.

- Beginning Class 1:30-2:30 pm Intermediate Class 3:00-4:00 pm
- Choose One:*
- I am ABLE to attend the other class, if needed. I am UNABLE to attend the other class, if needed.

PAYMENT METHOD

Choose one: CASH CHECK MasterCard VISA AmEx Discover

For Credit Card Orders: Name of Cardholder _____

Card Number _____ Expiration Date __/__/__

Signature _____

(A fee of \$5 will be added to all credit card charges to cover handling fees)

For Check Orders: Check Number _____ Check Amount _____

*** THERE IS A RETURNED CHECK FEE OF \$25. ***

Please return your completed enrollment form **with payment** by **FRIDAY, JUNE 4**, to HYS at 1110 University Avenue, Suite 200 ♪ Honolulu, HI 96826