

vsYOUTH Application

Name _____

Address _____

Phone _____

Email address I check regularly

School

Grade or year level

In case of emergency please contact:

Name: _____ Phone: _____

Instrument I play/ have played

Interests/hobbies _____

I will be available to volunteer in vsYOUTH activities for: (please circle)

Term 1 (September 1- December 31)

Term 2 (January 1 – May 31)

Summer (Splash and Summer Festival)

Please send form to:
boxoffice@victoriasymphony.ca
Victoria Symphony
c/o vsYOUTH
610-620 View St.
Victoria, BC
V8W 1J6

Or FAX to: 250.385.7767

Thank you!