

AMADEUS PLAYERS
2017 REHEARSAL RETREAT
October 6-7

_____ has permission to attend the Salem Youth Symphony Amadeus Players retreat on October 6-7 at the 4-H Center in West Salem. The retreat cost is included in the tuition fee. However, we welcome any donation toward the cost of \$45 each.

Signature _____ Relationship _____

Date _____ Phone _____

Please indicate any special needs: foods, medications, etc.

Player Profile includes your signed statement allowing SYS to act on behalf of the student in case of emergency, while seeking to contact parents/guardians as soon as possible.

Rooms will be assigned. Members I would like to room with:

1. _____

2. _____

_____ I am interested in being a chaperone for this trip.

_____ I cannot chaperon but would like to stay for a meal

_____ Friday supper \$9.00

_____ Saturday lunch \$7.50

Salem Youth Symphony
PO Box 1113
Salem, OR 97308

503-485-2244
info@salemyouthsymphony.org
www.salemyouthsymphony.org