



2009-2010
CLEVELAND YOUTH WIND SYMPHONY
Private Lesson Teacher Information

MUST RETURN BY OCT. 3, 2009

Please print neatly

Your Name _____

Instrument _____ Grade(In Fall-2009)

CHECK ONE: CYWS I _____ CYWS II _____

TEACHER INFORMATION

Private Lesson Teacher's Name _____

Address _____

Phone Number _____ - _____ - _____

Frequency of lessons (each week, twice a month, etc.) _____

Student signature _____

Private Lesson Teacher signature _____