YPA Registration for Multiple Events

(Return form to your PLIYH local office)

*Print clearly	
Student's Name:	Age: Years of Study:
YPA Instrument(s):	
Parent(s) / Guardian(s):	
Home Phone:	Cell Phone:
Email Address:	
\$25 PLIYH Teacher's Private Student	with 2+ students. (3+ students in Chicago) \$25 NON-PLIYH Student (\$30 in Chicago)
Payment Method: AUTO PAY	Check# Amount for this student \$
Paying for other students? List names:	
Scale Olympics? YES NO Theory Skill-A-Thon? YES NO	Select your Skill Set Level 1 2 3 4 5 Select your exam level Beginner Intermediate Advanced
Did you Participate in YPA Last Year?	T-Shirt Size YS YM YL AS AM AL XL
	ator will mark the level for you after hearing you perform. (circle one) ermediate Intermediate Late Intermediate Advanced
Title	Op. No.
Composer or Method Book Title and Lev	el:
Evaluation Song 2:	
Title	Op. No.
Composer or Method Book Title and Lev	el: