

**FLORIDA YOUNG ARTISTS ORCHESTRA
ABSENCE FORM**

Name of Performing Member : _____

Orchestra: _____ Symphony _____ Philharmonic _____ Sinfonia
_____ Camerata

Telephone Number: _____

Parent or Guardian: _____

Date of Absence: _____ Date form Submitted: _____

Reason for Absence: _____

Signature of Performing Member

Signature of Parent or Guardian

Signature of Orchestra Manager
Or Conductor

**Please note that a Performing Member is allowed no more than
three (3) unexcused absences during a season.
Please submit this form no later than one week after absence.**