



MENTORSHIP PROGRAM APPLICATION

Name: _____ Date: _____

Address: _____ Email: _____

Home Phone: _____ Cell Phone _____ Best Time to Call: _____

Please tell us a little about your musical background:

Instrument(s): _____

Training: _____

Teacher: _____ Teacher's Signature: _____

Performances: (Please indicate whether your performance was as a soloist or with an orchestra, ensemble or other group, and the number of years you performed with a particular group.)

Would you be able to attend orchestra rehearsals Mondays from 7 to 9:15 pm? _____

Please return your completed form to:

Esther Tiedemann, PO Box 1300, Magalia, CA 95954 or via email to sierra79vln@gmail.com.

Questions? Call 530-762-7152.