



**InterSchool Orchestras of New York
2017-2018
Student Mentor Program**

Student Name: _____ Instrument: _____

Telephone #: H) _____ C) _____

E-mail Address: _____

Parent's Name: _____

Attending Academic School: _____

Participating ISO Orchestra:

- ISO Symphony Orchestra Concert Orchestra

How many rehearsals are you attending for the Mentorship program?

- 5 rehearsals 10 rehearsals 15 rehearsals All Rehearsals

And for which orchestra?

- | | |
|--|---|
| <input type="checkbox"/> Turtle Bay Orchestra
(Wednesdays, 4:30-5:45 p.m.
Turtle Bay Music School
224 East 52nd Street) | <input type="checkbox"/> Trinity Florentine Orchestra
(Mondays, 4:30-5:45 p.m.
Trinity Church, Broadway and Wall Street) |
| <input type="checkbox"/> Morning Side Orchestra Orchestra
(Tuesdays, 4:30-5:45 p.m.
Broadway Presbyterian Church
601 West 114th St.) | |

Will you need a letter for this community service?

- Yes No

Teaching experience/additional comments: _____

Please fill out this form and return to **Lea Pandy** at lpandy@isorch.org. For inquiries please email or call 212 410 0370