



INTERSCHOOL ORCHESTRAS OF NEW YORK

2017-2018

STUDENT MENTOR PROGRAM

Student Name: _____ **Instrument:** _____

Telephone Number: *Home* _____ *Cell* _____

E-mail Address: _____

Parent's Name: _____

Attending Academic School: _____

Participating ISO Orchestra:

- ISO Symphony Orchestra** **Concert Orchestra** **ISO Wind Symphony**

How many rehearsals are you attending for the Mentorship program?

- 5 rehearsals** **10 rehearsals** **15 rehearsals** **All Rehearsals**

And for which orchestra?

Turtle Bay Orchestra
(Wednesdays, 4:30-5:45 p.m.)
Turtle Bay Music School
224 East 52nd Street)

Morningside Orchestra
(Tuesdays, 4:30-5:45)
Broadway Presbyterian Church
601 West 114th St.)

Trinity Florentine Orchestra
(Mondays, 4:30-5:45 p.m.)
Trinity Church of Wall Street,
Broadway and Wall Street)

Concert Band at Brooklyn School of Music
(Sundays, 12:00pm-2:00pm)
Brooklyn Music School
126 St. Felix Street
Brooklyn, NY 11217)

Will you need a letter for this community service?

- Yes** **No**

Teaching experience/additional comments: _____

Please fill out this form and return to Kristhyan Benitez at kbenitez@isorch.org