

-The-Coaches-



-Guild-

Coaches Guild Request Form

Group Name: _____

Contact Name: _____

Contact Phone: _____ Cell/Home/Work: _____

Contact Email: _____

Proposed date/s of coaching (for ease of scheduling, suggest several dates):

Coaching Area of Expertise Needed: _____

Specific Coach requested (subject to availability): _____

Last Time in Contest Date (if available): _____

Last Contest Score Average by Category (if available): M: ____ S: ____ P: ____

Venue/location of coaching session (i.e. in-town chapter retreat, travel to chapter retreat destination, weekend day, regular rehearsal night, etc.): _____

NOTE: Group agrees to pay \$.30/mile to the coach for expenses.

Send to: Sunshine District Music & Performance Vice President

Email: music@sunshinedistrict.org