

Heartstrings Participation Request

Thank you for your interest in participating in the Heartstrings program! Please complete the form below. Once you have completed the form, fax it to the phone number below and our Program Coordinator will contact you.

Please note: completion of this form does not guarantee participation in the program.

Organization Name: _____

Contact Person (name & title): _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Please provide a short description of your organization: _____

Please provide a short description of the participants you would send to the program:

How would these participants benefit from the Heartstrings program: _____

Are you able to gather a group of participants for a Saturday morning event?

(Please check one) Yes No

Are you able to provide adult chaperones for your participants?

(Please check one) Yes No

Please fax form to 714.755.5789