

Foothill Folk Society Bridge Program Application

(Applicant's name)

(Parent/Guardian, if applicable)

(Address)

(City, State, Zip)

(Telephone)

(Email)

Do you currently play an instrument? Yes No

If yes, what instrument(s) _____

Why do you want to participate in the Bridge Program?

Are you able to travel to Chillicothe for weekly instruction? Yes No

Are you committed to daily practice? Yes No

What are your musical goals? Where do you see yourself musically in 5 years?

Return application to: Foothill Folk Society, PO Box 2001, Chillicothe OH 45601
Email: foothillfolk09@gmail.com