



Donated Instrument Application

School Information

School Name _____

District _____ County _____

School Address _____

City _____ State _____ Zip _____

Principal Name _____

Principal Email _____ Principal Phone _____

Music Teacher Contact

Name _____ Position _____

Email _____ Phone _____

Tell Us about Your Program

Is your school Title 1 _____ Number of students in school _____

Number of students in band program _____ Number of flute players _____

How many band directors _____ Your number of years at this institution _____

Does the typical student in your program own or rent their instruments or are they primarily school owned?
(please explain) _____

Additional comments about the needs of your program. _____

What is your connection to Floom Fire? (Answer all that apply)

I am a Floom Fire alum (Location and year) _____

I am Floom Fire faculty/staff/volunteer (Location and year) _____

My students participated in Floom Fire (Location, and Year) _____

Other _____

Instrument Request Information

List your preferences. If you are willing to accept either please mark that as well (You can still include a preference).

Number of instruments needed _____ Inline G/Off-set G/Either _____

Closed hole/Open hole/Either _____ C foot/B foot/Either _____

Straight Headjoint/Curved Headjoint/Both/Any _____

How will the instrument(s) be used? _____

Acceptance of Terms

I agree to all terms outlined in the application with regards to Floom Fire Inc.'s Floom Forward Program.

Print Name _____

Signature _____

Date _____