



# Low Cost Instrument Application (Individual Applicant)

**Intended User** (please fill out the appropriate section below—section A or B)

**A. Instrument for Personal Use**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

What school do you attend? \_\_\_\_\_

District \_\_\_\_\_ Grade \_\_\_\_\_

What music ensembles do you participate in? \_\_\_\_\_

\_\_\_\_\_

**Reference** (Please provide a personal reference. It must be a band director or private lesson teacher.)

Teacher Name \_\_\_\_\_ Title \_\_\_\_\_

Teacher Email \_\_\_\_\_ Teacher Phone \_\_\_\_\_

**Financial Information**

Last year's gross income of responsible party \_\_\_\_\_

Number in household (Adults) \_\_\_\_\_ (Children) \_\_\_\_\_

Other mitigating circumstances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Instrument on Behalf of Another Individual or Entity**

Contact Name \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Who is this instrument for? \_\_\_\_\_

Relationship \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Part B Continued)** Additional comments about your needs. \_\_\_\_\_

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**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? \_\_\_\_\_

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**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 \_\_\_\_\_