

School Information

School Name	
District	
School Address	
City	
Principal Name	
Principal Email	
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 the	eir instruments or are they primarily school owned?
(please explain)	
Additional comments about the needs of your program.	

What is your connection to Floot Fir	e? (Answer all that apply)
I am a Floot Fire alum (Location and year)	
I am Floot Fire faculty/staff/volunteer (Location and y	ear)
My students participated in Floot Fire (Location, and N	/ear)
Other	
Instrument Request Information	
List your preferences. If you are willing to accept either preference).	er please mark that as well (You can still include a
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 re	gards to Floot Fire Inc.'s Floot Forward Program.
Print Name	
Signature	

Date_____