

Information Form
2019 National Mariachi Workshop for Educators®

Name: _____

Local Address/Hotel, etc.: _____

Cell Phone (Include Area Code): _____

Email: _____

Home Address (Number/Street): _____

City/State/ZIP: _____

Name of School: _____

Street Address: _____

City/State/ZIP: _____

Grade(s) and Subject(s) Taught: _____

How did you learn about this workshop? _____

Do we have permission to share your contact information with other workshop attendees to help establish a working network?

Yes No

Are you planning on starting a mariachi program at your school?

Yes No Unsure Already Started

If "Yes," when? _____

Why did you sign up for this class? (Feel free to use back of form.)

How might we be of most help to you? (Feel free to use the reverse side of this form.)