



Satellite Music Program

General Information

Organization Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Organization Representative(s) and Titles: _____

Phone: _____ Alternate Number: _____

Website Address: _____ Email: _____

Email: _____

Satellite Location: (if different from above)

Address: _____

City: _____ State: _____ Zip Code: _____

About the Organization

What best describes your organization (please check all that apply)?

Church After School Program Community Center Public School

Private School Daycare Center Other _____

Other _____ Other _____

On average, how many people attend your organization weekly? _____

What are the days and hours of operation? _____

Please check the target audience of your organization: (Please check all that apply)

Families Children (4-9) Pre-Teens (10-12) Teens (13-18) Adults

About the Facility:

Please describe the space that will be used for the Satellite Music Program:

What is the size of the space that will be utilized for this program? _____

Will the space be secure? Yes No, please explain _____

Who else will have access to the space? _____