

CHORAL MENTOR PROGRAM
Robert Sims, Mentor Supervisor



FORM 9

Please complete the following form or use the email address below if you are interested in having a mentor assigned to you, or if you are interested in becoming a member of the mentor team. Include all of the information requested in your email.

Return form to:

Robert Sims, Mentor Supervisor
238 Lisa Circle
Madison, MS 39110
C 601.209.0588
Email: rsims1358@yahoo.com

Check one:

_____ I am interested in having a mentor assigned to me.

_____ I am interested in serving as a mentor.

Name _____

School _____

School Address _____

City _____ Zip _____

School Phone _____

School Fax _____

Home Address _____

City _____ Zip _____

Home Phone _____

Director requested for your mentor:

School _____

Director requested as your "mentee": _____

School _____