

MUSICAL CONNECTIONS: HOST ORGANIZATION INITIAL CONTACT FORM

Host Facility Name: _____

Street Address: _____

Borough: _____ Zip Code: _____

Contact Person: Ms. Mrs. Mr.

Name: _____

Job Title: _____ Telephone: _____ E-Mail: _____

Please indicate below how you heard about this program.

Friend/Colleague: _____ Publication: _____

E-Mail carnegiehall.org Other: _____

Organization's Mission Statement:

Number of Staff: _____ Number of Current Resident Population: _____

How do you think people in your organization or facility would benefit from live music performances or workshops?

Has your facility ever hosted live music events? Please provide brief details.

Do you have existing partnerships with any arts or other external organizations? Please provide brief details.

PLEASE DIRECT ALL PROGRAM INQUIRIES TO:

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