

GOLDEN ISLES PENGUIN PROJECT- MENTOR FORM

Mentor's Name: _____ Age: _____ D.O.B. _____

Parent's Names: _____

Parent e-mail: (Please print clearly) _____

Mentor e-mail: (If different) _____

Mailing Address: _____

City: _____ Zip: _____

Best Phone #: _____ Can this # Receive Texts? Yes No

Alternate Phone #: _____ Can this # Receive Texts? Yes No

Mentor's cell phone: _____ Can this # Receive Texts? Yes No

Male Female Height: _____ Current Hair Color: _____

School: _____ Grade: _____

Or Graduated from: _____

If employed, where: _____

Please "X" out all conflict dates.

Please mark all conflict dates you may have during: January and June 2018

PERFORMANCE DATES ARE JUNE 14, 15, 16, 17, 2018

January 2018							February 2018							March 2018							April 2018						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
	1	2	3	4	5	6					1	2	3					1	2	3	1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	4	5	6	7	8	9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	11	12	13	14	15	16	17	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	18	19	20	21	22	23	24	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28				25	26	27	28	29	30	31	29	30					

May 2018						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2018						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Please return form to
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