

# 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 2020

**PERFORMANCE DATES ARE JUNE 11, 12, 13, 14, 2020**

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

May						
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						
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  
**Golden Isles Arts & Humanities**  
**1530 Newcastle Street**  
**Brunswick, GA 31520**  
[info@goldenisesarts.org](mailto:info@goldenisesarts.org)  
[www.goldenisesarts.org](http://www.goldenisesarts.org)