



Instrument Request Form

(Please Type Or Print)

STUDENT'S NAME _____

AGE _____ GRADE _____

PARENT'S (GUARDIAN) NAME _____

PARENT'S ADDRESS _____

CITY /ZIP _____ PHONE _____

INSTRUMENT REQUESTED (1st choice) _____ (2nd choice) _____

SCHOOL _____ SCHOOL PHONE _____

SCHOOL ADDRESS _____ ZIP CODE _____

PRINCIPAL _____ BAND DIRECTOR _____

The student listed above has been recommended to receive an instrument from the Play It Again Arkansas Program. So that we will have a better understanding of the student, please mark all items that apply.

- Student is officially enrolled at our school.
- Student participates or desires to participate in a music program at our school.
- Student demonstrates a good work ethic in the classroom.
- Student is in good academic standing.
- Student demonstrates an aptitude for music.
- Student is a responsible young person who will show respect for the instrument.
- Student's parents or guardians have been unable to secure an instrument through conventional means.

We understand that this request will be fulfilled based on the availability of the instrument requested. The instrument may be used by the above student for as long as the student participates in the school music program. We understand that all instruments remain the property of the local school music program and revert back to the program in the event that a student graduates, drops band, or treats the instrument in a harmful or negligent manner.

DIRECTOR'S SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

PLEASE ATTACH A BRIEF PARAGRAPH WRITTEN BY THE STUDENT, EXPLAINING WHY HE/SHE WOULD LIKE AN INSTRUMENT. DO NOT MAIL THE FORM. IT WILL BE PICKED UP WHEN THE INSTRUMENT IS DELIVERED.

Play It Again Arkansas, AFESC - 101 Bulldog Drive
Plumerville, AR 72127

To the Director: When this form is completed, send an e-mail to: playitagainarkansas@yahoo.com
The e-mail should contain director's name & school, contact information and name of the instrument requested.