

# Home Coaching Program – Application Form

Date of application: \_\_\_\_\_

Projected date(s) of coaching sessions: \_\_\_\_\_

*All coaching sessions must take place within the same fiscal year (August through July).*

Work(s) to be prepared: \_\_\_\_\_

**Coach information:** *Please include the coach's résumé with this application.*

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Fee (per session): \_\_\_\_\_ Request total\* \_\_\_\_\_

Tel: \_\_\_\_\_

E-mail : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Participant information:** *For ensembles larger than 4 participants, use the reverse side.*

**Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ ACMP Member?  Yes  No

Mailing address: \_\_\_\_\_

**Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ ACMP Member?  Yes  No

Mailing address: \_\_\_\_\_

**Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ ACMP Member?  Yes  No

Mailing address: \_\_\_\_\_

**Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ ACMP Member?  Yes  No

Mailing address: \_\_\_\_\_

\*Total Amount Requested (amount per session x number of sessions divide by 2)



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