

**MICCA Task Force Application Form**

Please Type

DATE OF APPLICATION \_\_\_\_\_

SCHOOL/ORGANIZATION:

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street, town/city and zip code

Phone: (include area code) \_\_\_\_\_

Director/Supervisor of Music: \_\_\_\_\_

Director of Performing Group Requesting Assistance:

Directors Name: \_\_\_\_\_

Directors Email: \_\_\_\_\_

Name of Performing Group : \_\_\_\_\_

Home Address:

\_\_\_\_\_  
Street, town/city and zip code

Home Phone: (include area code) \_\_\_\_\_

School Official/ Principal: (granting permission)

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

Please State the Area for which you would like Support: (Please limit your request to ONE specific area):

Upon Completion of the form, mail to:  
Vicki Garino  
114 Marsh Hill Road  
Dracut, MA 01826