

**REGIONAL FACULTY INFORMATION FORM**

This information will be used to create a directory of faculty on the Region 17 website.

**Please attach a digital picture to this document where indicated or include in an email.**

***Please complete and return this document to***

Sherry Berkley, Communication Coordinator: sherrylead@gmail.com

Lynne Peirce, Education Coordinator: lynneerskinepeirce@gmail.com

|  |  |
| --- | --- |
| **Faculty Member Name:** | **Email Address:** |
|  |  |
| **Address:** | **Telephone:** |
|  |  |  |

|  |  |
| --- | --- |
| **Background, Experience and Credentials:** | **Specialties/Areas of Expertise:** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Education Available** | **General Availability** | **Fees** |
| Chorus Coaching  | Yes | No | Harmony Weekends | YES | NO | Chorus Coaching:  |
| Quartet Coaching  | Yes | No | Your Location | YES | NO | Quartet Coaching:  |
| PVIs | Yes | No | Coach’s Location | YES | NO | PVIs:  |
| **Other:**  | Virtual/Zoom  | YES | NO | Incidentals:  |
| **Comments:** | **Other:** | **Comments:**  |

|  |
| --- |
| **Photograph:** |
|  |