



Salt Marsh Opera Intern Program Nomination Form

Please Print Clearly

Intern's Name _____ School _____

Parent/Guardian's Name _____ Music Director _____

Intern's Address _____
Street Town Zip

Home Phone _____ Parent's Cell _____ Intern's Cell _____

Parent's E-mail _____ Intern's E-mail _____

Music and /or Drama Background _____

In which way would you like to participate in this year's opera?

1st Choice _____ 2nd Choice _____ 3rd Choice _____

How would you use the \$500 award to further your music or drama education? _____

I agree to attend and be prepared for all required rehearsals and/or activities, and to strive for professional standards at all times.

Intern's Name _____ Intern's Signature _____ Date _____

I _____ give permission for my child/ward to participate in
Parent/Guardian Print Name

Salt Marsh Opera's Intern Program. I understand that student interns are responsible for all of their own transportation to all events.

Parent/Guardian's Signature _____ Date _____

I recommend this student for a SMO Internship. Music Director's Signature _____