

2025-2026 AKRON SYMPHONY ORCHESTRA'S LINK UP INTEREST FORM

SCHOOL OR DISTRICT INFO

School Name: _____

Principal: _____

Address: _____

City: _____ State: _____ Zip Code:

School Website: _____ Phone: _____

PRIMARY CONTACT INFO

Music Teacher Name: _____

Music Teacher E-mail: _____

Music Teacher Phone: (School) _____ (Cell) _____

SCHOOL PARTICIPATION

_____ YES! Count me in - I would like to participate in Link Up during the 2025-2026 school year

_____ APPROXIMATE number of THIRD (3rd) GRADE students participating at my school

_____ APPROXIMATE number of FOURTH (4th) GRADE students participating at my school

_____ APPROXIMATE number of FIFTH (5th) GRADE students participating at my school

_____ NO, I am unable to participate in Link Up during the 2025-2026 school year

_____ I will consider participating next year, so put us on the list for 2026-2027

PREVIOUS PARTICIPATION

_____ I am/We are a new school partner

_____ I am/We are a veteran school partner

_____ I know my colleague(s) would be interested in participating in Link Up for 2025-2026

Name/School/Email _____

Name/School/Email _____

Name/School/Email _____