



LEI Faculty Request Form



FACULTY ASSISTANCE

Music Director: _____

School: _____

Phone: _____ Email: _____

Assisting Instructor Name _____

Contact number _____

Type of musical assistance you are requesting? _____

When do you need this assistance? (dates, times) _____

How many days and hours of assistance are you requesting? _____

What grades will benefit from this assistance? _____

Request must be received 2 weeks prior to potential execution. Approval will be within 7 days. Reimbursement will not be executed without approval.

To ensure the continuation and growth of this program, JAS would appreciate that you submit a report letting us know if the classroom assistance was helpful and which students and or grades benefitted.

Please send this form and any other correspondence to;

Jazz Aspen Snowmass
Attn: JAS LEI
110 East Hallam #104
Aspen, CO 81611

Or

Email: cisley@jazzaspensnowmass.org
Fax: (970) 920-9135
Phone: (970) 920-4996