

CAPMT/MTNA TELEPHONE REFERRAL FORM

Teacher's Name			
Address			
If in San Diego, what geographic area? (Ex.: Hillcrest, University City, Clairemont, etc.)			
Telephone		E-mail Address	
Principal Instrument		Secondary Instrument	
Desired ages of students			
Performance opportunities for which you are available (Ex.: Accompanying, parties, etc.)			
Additional comments			

Return form to: Fresas Flores Balistreri
 CAPMT District I Referral Phone Chair
 7460 Tooma St. #135
 San Diego, CA 92139
 fresasf@yahoo.com

If any information needs to be changed for the above, please call Fresas Flores Balistreri at (619) 244-2058.

If you are not listed and would like to be, fill out the above form and return it to Fresas Flores Balistreri. **All dues must be current to participate.**