

Greater Hartford Chapter American Guild of Organists  
Marjorie Jolidon Fund Subcommittee

*Agreement for Private Organ Instruction*

TEACHER INFORMATION

Name _____	Telephone _____
Address _____	Email _____
_____	
Position _____	
Employer _____	

STUDENT INFORMATION

Name _____	Telephone _____
Address _____	Email _____
_____	
Age _____	
Parent contact: _____	Telephone _____

LESSON VENUE

Institution _____	
Address _____	
_____	
Contact Info:	
Name _____	Telephone _____
Position _____	Email _____
Will student be able to practice at the venue? _____	

The Marjorie Jolidon Fund agrees to pay \_\_\_\_\_ (teacher)  
the sum of \$\_\_\_\_\_ in return for \_\_\_\_ (no.) organ lessons of \_\_\_\_\_ (duration)  
for \_\_\_\_\_ (student) at the venue above. The teacher agrees to  
submit completed Record of Lessons and Evaluation forms to the committee within 30 days  
of the completion of the lesson period.

Teacher:	Committee Representative:
Print name _____	Print name _____
Signature _____	Signature _____
Date _____	Date _____

Submit this form by email  
to: [ben@gryk.com](mailto:ben@gryk.com)

or by US mail to:  
Benjamin Gryk  
138 Lincoln St.  
New Britain, CT 06052