



**Musical Assistance Service Form
Mid-Atlantic District – BHS, Inc.**

Date: _____

Name of Coach: _____

Date of Coaching: _____ Duration (in hours): _____

Site of Coaching: _____

Name of Unit Coached: _____

Number of chorus members present: _____

For Coach:

- Problems presented and steps taken to solve problems:

- Recommendations for future improvement

- General Comments:

Coach's Signature

Coach's Address (for reimbursement):

For Unit Coached:

- Do you feel your group made progress in working under this coach?

- Would you like another coaching session with them?

- Would you like another coaching session with a different coach? If so, describe how a second coach should differ from this one.

- Do you have any suggestions for the Musical Assistance Service Program?

Name/Signature of Preparer:

Please send this form and expense form (whether or not reimbursement is requested) to:
Chuck Lower, Coaching Coordinator, 251 Copper Beech Drive, Blue Bell, PA 19422
Chucke80@comcast.net