



**Haddonfield Center and School  
for the Performing Arts**  
**19 Kings Highway East**  
**Haddonfield, NJ 08033**  
admin@haddonfieldarts.org  
856-685-9226

## TEACHER INQUIRY FORM

**Date of Inquiry** \_\_\_\_\_

**Name** First \_\_\_\_\_ M.I. \_\_\_\_ Last \_\_\_\_\_

**Address** Street \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Phone** Cell \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Website (if applicable)** \_\_\_\_\_

**Field of Expertise** (instrument, voice, other performing art) \_\_\_\_\_

**What ages do you teach?**

Elementary

Pre-teen

Teen/High School

Adult

**Additional membership requirements:**

1. Please attach a résumé (required) detailing your education and teaching experience.
2. Please check the box (required for electronic and paper submissions) and sign below (paper submissions only) indicating that you agree to the following:

If you are invited to become a member of HCSPA, do you give HCSPA permission to perform a background check on you?

Yes

\_\_\_\_\_

Signature

Please provide below any additional comments or questions relevant to your inquiry:

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