

# HCCM Professional Development - Mariachi

“OFFICIAL REGISTRATION FORM”

Name of Participant \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

*This presentation focuses on legitimacy and advocacy for mariachi directors and for teachers interested in starting mariachi programs.*

**Workshop-Abell Junior High:  
June 8, 2023, 9:00am – 4:00pm  
Registration: \$75 per attendee**

\_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Other

Name of School: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Email Form to:**  
HISPANICCULTURALCENTER@GMAIL.COM

**OR MAIL TO:**  
HCCM Mariachi WS  
PO Box 51404  
Midland, Texas 79710-1404  
(432) 683-4226 Fax: (432) 683-4226

**Official Use Only:**  
*Date Received* \_\_\_\_\_  
*Date Approved by* \_\_\_\_\_