



Laughing Heart Music Ltd.
Mentorship Application

Name: _____
Last First M.I.

Name of Guardian: _____
Last First M.I.

Guardian Contact Number: _____

Address: _____
Street Address City Province Postal Code

Mentee Date of Birth: _____

Mentee Email Address: _____

Reference: _____
Name Relationship Phone Number

Please write a short paragraph detailing your interest in the music industry and why you would like to join the **Laughing Heart Music Mentorship Program**.

Mentee Signature: _____ Guardian Signature: _____

Date: _____