

Dr. Tom Bookhout, Chorus Master

**TPSC Advisory Council Election Form – Statement of Interest**

Name/Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisory Council Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Interest:

Years of membership with TPSC including prior Council experience:

Prior leadership experience (of any kind):

Potential conflicts with Advisory Council Meetings - typically the 2nd Sunday of each month, excluding December and summer months: