

ARTISTS-IN-THE-SCHOOLS | RESOURCE REQUEST FORM

SCHOOL: _____ DISTRICT: _____ DATE: _____

SCHOOL ADDRESS: _____ SCHOOL PHONE #: _____

TEACHER/CONTACT: _____ HOME PHONE #: _____

TEACHER E-MAIL: _____

ARTIST: _____

PRESENTATION REQUESTED: _____

OF PRESENTATIONS: _____ FIRST CHOICE DATE: _____ SECOND CHOICE DATE: _____

WHAT DO YOU WANT YOUR STUDENTS TO RECEIVE FROM PRESENTATION? (PLEASE PROVIDE EXAMPLES AND/OR GOALS)

SHOULD ARTIST CONTACT YOU FOR PRE-PLANNING? PLEASE LIST THE MOST CONVENIENT TIMES TO PHONE YOU AT SCHOOL: _____

PRESENTATION SCHEDULE

<u>Start Time</u>	<u>End Time</u>	<u>Teacher Name</u>	<u>Grade Level</u>	<u>Subject</u>	<u>Room #</u>	<u># of Students</u>

SPECIAL REQUESTS: _____

AHCT USE ONLY: Date Received: _____ Date Sent to Artist: _____ Confirmed Date: _____