



CERTIFICATE OF SERVICE
Artists in the Schools 2018-2019
Assembly

School Name & District: _____

Teacher Name & Email: _____

Assembly Presented: _____

Presenting Artist Name: _____

Assembly Details:

Date: _____

Number of assemblies presented: _____

Total units (# assemblies x 12 units): _____

SIGNATURES:

Signature of Teacher

Date

Signature of Presenting Artist

Date