



CERTIFICATE OF SERVICE
Artists in the Schools 2018-2019
Performance

School Name & District: _____

Teacher Name & Email: _____

Performance: _____

Performing Artists Names: _____

Performance Details:

Date: _____

Number of performances: _____

Total units (# performers x 4 units x # of performances): _____

SIGNATURES:

Signature of Teacher

Date

Signature of Lead Performing Artist

Date