

Arts Partners Program Worksheet

School Name: _____

School Contact Name: _____ Phone No.: _____

No. classes/students

K ____ / ____ ; **1** ____ / ____ ; **2** ____ / ____ ; **3** ____ / ____ ; **4** ____ / ____ ; **5** ____ / ____ ;
6 ____ / ____ ; **7** ____ / ____ ; **8** ____ / ____ ;
9 ____ / ____ ; **10** ____ / ____ ; **11** ____ / ____ ; **12** ____ / ____ ;

CURRICULUM AREA TO BE REINFORCED: _____

PROGRAM SELECTION: _____

Group/Artist: _____

Grade(s): _____

Type of Class(es): _____

Number of days artist visits school: _____ Number of performances or workshops per day: _____

Date choices: 1: _____ 2: _____ 3: _____

Date range for curriculum study: _____

Cost: _____

Special Notes/Considerations (e.g. wheel chair accessibility, etc.): _____

Subtotal _____

CURRICULUM AREA TO BE REINFORCED: _____

PROGRAM SELECTION: _____

Group/Artist: _____

Grade(s): _____

Type of Class(es): _____

Number of days artist visits school: _____ Number of performances or workshops per day: _____

Date choices: 1: _____ 2: _____ 3: _____

Date range for curriculum study: _____

Cost: _____

Special Notes: _____

Subtotal _____

Feel free to photocopy this form for additional selections.