

ARTS PARTNERS PROGRAM WORKSHEET

School Name: _____

School Contact Name & Phone No.: _____

No. classes/students K _____ / _____ ; 6 _____ / _____ ; 9 _____ / _____
1 _____ / _____ ; 7 _____ / _____ ; 10 _____ / _____
2 _____ / _____ ; 8 _____ / _____ ; 11 _____ / _____
3 _____ / _____ ; 12 _____ / _____
4 _____ / _____
5 _____ / _____

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 _____

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

Subtotal _____

Arts Partners Worksheet continued

SCHOOL NAME _____

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PROGRAM SELECTION: _____

Group/Artist: _____

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Cost:	_____	Special Notes/Considerations (e.g. wheel chair access-
	_____	bility, etc.): _____
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Subtotal	_____	_____

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