

## Arts In Education

A Regional Program for Delaware Chenago Madison Otsego BOCES and Otsego-Northern Catskill BOCES Districts  
coordinated by the DCMO BOCES

# 2008-2009 Artist Program Request Form

*Must be received at least 3 weeks prior to artist visit (April 1 deadline for May and June events)*

School District \_\_\_\_\_ School Building \_\_\_\_\_

District Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

Teacher Making this Request \_\_\_\_\_ Phone \_\_\_\_\_

Catalog Number of the Program Requested  Name of Artist

Program Title

### Proposed Presentation Schedule for the Day

Indiv Pres.	*Type	Time		Grade Level	School Subject	No. of Students	Teacher(s)	Room
		From	To					
#1								
#2								
#3								
#4								

\*Type of Presentation: PER = Performance; WK = Workshop; RES = Residency

ART FORM(S): Music \_\_\_ Dance \_\_\_ Theater \_\_\_ Visual Arts \_\_\_ Other (describe) \_\_\_\_\_

The program (with above schedule) should be booked for  day(s).

Date/Dates Requested:     
First Choice Second Choice Third Choice

**YOU MUST COMPLETE  
OTHER SIDE FOR APPROVAL**

Artist's Fee \_\_\_\_\_  
 10% admin. \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Materials \_\_\_\_\_  
 Total Cost \_\_\_\_\_

for office use only

**How will the presentation(s) fulfill the Arts Learning Standards? That is, what activities will occur, what will students experience, what will they do, what will they learn?**

**How will the presentation(s) support your school's other (non-arts) curriculum objectives and/or Learning Standards?**

**How will you prepare your students for this program/visit?**

**How will you follow-up on this program/visit with your students?**

**Authorizing Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(if required)

**Signature / District Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

**SEND FORM TO: BOCES Arts In Education Program, 11 Ford Avenue, Oneonta, NY 13820**  
Phone: (607) 432-4556, FAX: (607) 431-9319