

ARTSBRIDGE Arts Education

CATALOG FORM

Please photocopy this Form.

SCHOOL Instructions: To be filled out by the teacher on the day of the artist visit.

Name of School: _____ Teacher and grade: _____
(signature)

Name of Artist: _____

Date and Time of presentation: _____

Number of UNITS to be used: _____

Study Guide provided by Artist: _____ (yes) _____ (no)

(Artist will complete this form and submit to Artsbridge.)

ARTIST Instructions: To be filled out by artist on completion of presentation and submitted to Artsbridge.

I have completed this presentation and understand that I am to be compensated for _____ number of units.

I provided teacher with my Study Guide prior to presentation: _____ (yes) _____ (no)

Artist (signature)

Please send or drop off completed Form to Artsbridge. Thank you!
ARTSBRIDGE, P.O. Box 1706, Parkersburg, WV 26102

Our new address: 925 Market Street, Parkersburg, WV 26102