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)
(Print teacher’s name)

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 : 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 the teacher with my Study Guide prior to presentation. ___ (yes) ___ (no)

Artist (signature)

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

Our physical address: 925 Market Street, Parkersburg, WV 26101