

Catalog Form

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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