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ARTS EDUCATION CATALOG FORM

Please copy this form.

The top portion of this form is to be filled out by the teacher on the day of the artist visit.

Name of School: _____

Teacher/Grade: _____

Teacher Signature: _____

Printed Name: _____

Name of Artist: _____

Date of Presentation/s: _____

Time/s: _____

of UNITS used:

How many students were in attendance?

Study guide provided by artist? Yes / No

Artist will complete this section and submit completed form to Artsbridge

I have completed this presentation and agree that I will be compensated for ___ number of units.

I provided the teacher with my study guide prior to my presentation. Yes / No

Artist Signature: _____

Artist Address: _____

Please mail or hand deliver this completed form to Artsbridge. Thank you!

Artsbridge | 925 Market Street | Parkersburg, WV 26101