



## 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