

Arts Standard(s)	
Theatre	
Visual Arts	
Music	
Dance	



For BOCES Use
PO#: _____
<input type="checkbox"/> Completed

Performance Request Form

Requests will not be accepted after the event has occurred

District: _____ Bldg: _____

Contact Person: _____ Telephone: _____

Performance Location: _____

Fee: _____ Date of Performance: _____ # of Performances: _____

Time of Performance (s): _____

Artist: _____

Artist Address: _____

Artist Telephone Number: _____

Artist SS# or Fed ID #: _____

Curriculum Connections: _____

Prepayment is not available. Payment will not be made until after the event has occurred.

Superintendent's Signature/District Authorization

Date

Send completed form to:

CVES Arts in Education Service
 PO Box 455
 Plattsburgh, NY 12901
 Fax: (518) 561-0240

How will the presentation(s) fulfill the Arts Learning Standards? *(Please describe the activities that will occur, the experiences that the students will have and the expected learning outcomes)*

How will the presentation(s) support your school's other (non-arts) curriculum objectives and/or learning standards?

How will you prepare students for this program/visit?

How will you follow-up on this program/visit with your students?