Arts Standard(s)		
Theatre		
Visual Arts		
Music		
Dance		



For BOCES Use
PO#:
☐ Completed

Ticket Request Form

Requests will not be accepted after the event has occurred

For performing arts events, museum visits, and educational enrichment programs.

District:	Bldg:					
Teacher:	Sı	ubject:		Grade:		
School Address:	Phone:					
Ticket Vendor:	Vendor Contact:					
Vendor Address:			Vendor Phon	e:		
Program/Performan	ice:					
Date:	Times:		to			
We have reserved	student ticketscomplimentagroup(s)	x \$ary tickets a	each = \$ t no cost			
Total persons attend	ling: Tota	al amount d	ue to vendor \$_			
As required by SED reg related activities. Signa				ation to out-of-school arts pay for this request.		
Superintendent's Sig	gnature/District Au	thorization	Dat	te		
Send <u>completed</u> form	I	PO Box 455	n Education Serv	ice		

Plattsburgh, NY 12901 Fax: (518) 561-0240

What arts will your students experience while attending this event?
How does this program/visit connect to the Arts Learning Standards?
How does this program/visit connect to other learning standards?
How will you prepare your students for this program/visit?
How will you follow-up this program/visit with your students?