

Artist-In-Residence Request for Program

School Information

School Name	
Teacher Name	
Phone (best available)	
E-Mail Address	
Grade Level and Estimated Number of Students	

Availability

Please indicate which semester you are requesting a program be conducted

Fall Spring _____ Either one will work for me

Objectives

Why would you like to see your school take advantage of this opportunity? *(Limit 75 words)*

What objectives would you like to see met with this program? *(Limit 75 words)*

Principal Name:

Principal Signature:

Date:

Please e-mail requests to Nan Zierden at nan@artscouncilwc.org
Or mail to ACWC, PO Box 680213, Franklin, TN 37068-0213

