



2024 Arts Ed Order Form

Please schedule with the artist prior to submitting this order form

SCHOOL	TEACHER NAME	PHONE #

EMAIL ADDRESS	PROGRAM DATE(S)

Complete for In-School Programs:

Artist Name:	
Class or /Performance:	
# Students:	

Cost Descriptions:	Costs:
Materials	
 Cost of In-School Class or Program:	

Approval: _____

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