



# 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:

<b>Artist Name:</b>	
<b>Class or /Performance:</b>	
<b># Students:</b>	

Cost Descriptions:	Costs:
<b>Materials</b>	
<b>Cost of In-School Class or Program:</b>	

**Approval:** \_\_\_\_\_

**CONTACT:**  
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