



PERFORM! Choral Workshop or Residency Request Form

Submit this form to request a workshop or residency at your school by a choral artist.

School Name:

School Board

Contact Name:

Contact's Email (at school):

Grade Levels Participating in Activity:

Choose the specialty that best describes the activity you are requesting.

Number of Hours Requested:

Preferred Artist (if none, please mark N/A):

Start Date (format: YYYY-MM-DD):

End Date (format: YYYY-MM-DD):

Payment Method: Full payment due upon approval of activity by coordinator.

Please note any scheduling information that should be taken into consideration.

Contact's Primary Subject Taught

Contact's Secondary Subject Taught



PERFORM! Choral Workshop or Residency Request Form

Submit this form to request a workshop or residency at your school by a choral artist.

Additional Notes:

Contact Information

First Name:

Last Name:

Address:

City:

Province:

Postal Code:

Country:

Phone Number:

Cell Phone:

Email Address: