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 |

Additional Notes:

**Contact Information**

First Name:

Last Name:

Address:

City:

Province:

Postal Code:

Country:

Phone Number:

Cell Phone:

Email Address: