



PERFORM! Theatre 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



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Additional Notes:

Contact Information

First Name:

Last Name:

Address:

City:

Province:

Postal Code:

Country:

Phone Number:

Cell Phone:

Email Address: