Arts Standard(s)	
Theatre	☐
Visual Arts	☐
Music	☐
Dance	☐

Champlain Valley EDUCATIONAL SERVICES

For BOCES Use
PO#:_____
❑ Completed

Performance Request Form

Requests will not be accepted after the event has occurred

District: _____ **Bldg:** _____

Contact Person: _____ **Telephone:** _____

Performance Location: _____

Fee: _____ **Date of Performance:** _____ **# of Performances:** _____

Time of Performance (s): _____

Artist: _____

Artist Address: _____

Artist Telephone Number: _____

Artist SS# or Fed ID #: _____

Curriculum Connections: _____

_____

❑ **Deposit or Prepayment Required (Date Due: _____)**

_____ _____
Superintendent's Signature/District Authorization **Date**

Send <u>completed</u> form to:

CVES Arts in Education Service
PO Box 455
Plattsburgh, NY 12901
Fax: (518) 561-0240

BOTH PAGES OF THIS FORM MUST BE COMPLETED FOR APPROVAL

How will the presentation(s) fulfill the Arts Learning Standards? *(Please describe the activities that will occur, the experiences that the students will have and the expected learning outcomes)*

How will the presentation(s) support your school's other (non-arts) curriculum objectives and/or learning standards?

How will you prepare students for this program/visit?

How will you follow-up on this program/visit with your students?