



ARTS-IN-EDUCATION
 Program Services Coordinated by Eastern Suffolk BOCES
 350 Martha Avenue, Bellport, NY 11713
 TEL# (631)286-6989 FAX# (631)286-6991

| | |
|--------------------|-------|
| FOR BOCES USE ONLY | |
| CONT # | _____ |
| PO # | _____ |

DISTRICT BOCES ARTS-IN-EDUCATION CONTRACT REQUEST

SCHOOL DISTRICT: _____ BLDG: _____
 SCHOOL CONTACT: _____ TEL: _____
 NAME OF ARTIST/ORGANIZATION: _____
 NAME OF PROGRAM: _____
 CONNECTION TO ARTS STANDARDS*: _____

(*REQUIRED)

PERFORMANCE (In School/Off Site) RESIDENCY WORKSHOP FIELD STUDY VC

| | |
|--|-------------|
| FOR NEW ARTIST NOT ON FILE AT BOCES | |
| 1. PLEASE COMPLETE THE FOLLOWING: 2. SUBMIT WITH A COMPLETED W-9 FORM | |
| CONTACT/ORG. NAME: _____ | |
| ADDRESS: _____ | |
| TEL# : _____ | FAX#: _____ |
| EMAIL(REQUIRED): _____ | |
| CONTRACTS CANNOT BE PROCESSED WITHOUT W-9 | |

| | |
|---------------------------|-------|
| Please check form: | |
| AUTHOR/LITERATURE | _____ |
| DANCE | _____ |
| MEDIA ARTS | _____ |
| MUSIC | _____ |
| STORYTELLING | _____ |
| VISUAL ARTS | _____ |
| THEATRE | _____ |
| CIRCUS | _____ |
| MAGIC | _____ |
| MIME | _____ |
| PUPPETRY | _____ |
| CAREERS | _____ |
| HEALTH | _____ |
| MATH | _____ |
| SCIENCE | _____ |
| SOCIAL STUDIES | _____ |

THIS FORM MUST BE SUBMITTED ONE MONTH IN ADVANCE OF PERFORMANCE DATE.
*******PRE-PAYS REQUIRE FORM AT LEAST 5 WEEKS IN ADVANCE. CONTRACT WILL NOT BE ISSUED WITHOUT SCHOOL DISTRICT COORDINATOR'S SIGNATURE.**

DATE(S): _____
 TIME(S): _____
 # OF PERFORMANCES: _____ AND/OR WORKSHOPS: _____
 GRADE LEVEL (S): _____
 SCHOOL BUILDING(S): _____
 OUT OF DISTRICT? ____ NO ____ YES IF YES, WHAT LOCATION? _____

ARTIST/ORGANIZATION FEE: _____ _____
 (Please do not include coordination fee) (If different than catalogue, please check and explain)

DISTRICT COORDINATOR APPROVAL: _____ **DATE:** _____

*** Please note that authorized school personnel is required to be in attendance with students during all presentations. ***