



ARTIST BOOKING FORM

Please complete this form for each artist booking, and turn it in to the AP Office promptly.

Artist:		School:		Contact Person for this program:	
Program (specific title):		Contact Email Address			
Planning Meeting(s): Date and Time			Contact Phone #		
Date	Time	Teacher at Program (First & Last)	Grade Level	Program Location	# of Students

<i>Number</i>	Performances	Workshop	Workshop Minutes	Professional Development	Planning Meeting	Labor/Installation	Cartage	Supplies	New Program Development
<i>\$ Amount Charged</i>									
<i>Paid</i>									

FOR OFFICE USE ONLY

Funds Available _____

Program Director Approval:

_____ School's AP budget

_____ Bill school, Attn: _____

_____ Grant funded

Received
ID
Sent/School
Sent/Artist

Please check all that apply:

<input type="checkbox"/> History/Social Studies	<input type="checkbox"/> Careers/Life Skills	<input type="checkbox"/> Character Education	<input type="checkbox"/> Emergent Literacy	<input type="checkbox"/> Health
<input type="checkbox"/> Physical Education	<input type="checkbox"/> Kansas History	<input type="checkbox"/> Language Arts	<input type="checkbox"/> Math	<input type="checkbox"/> Multicultural
<input type="checkbox"/> Dance/Movement	<input type="checkbox"/> Science	<input type="checkbox"/> Technology	<input type="checkbox"/> Media/Technology	<input type="checkbox"/> Storytelling
<input type="checkbox"/> Literary Arts	<input type="checkbox"/> Music	<input type="checkbox"/> Visual/Design Arts		