Request for Artist in the Classroom

School: _____

Principal: _____

Requesting Teacher: _____

Teacher's phone number: _____

Grade Level of students: **1st 2nd 3rd 4th 5th 6th** (please circle one)

Preferred dates and time:

1st choice _____

2nd choice _____

3rd choice _____

Art form requested:
(please circle up to 3 choices)

1. **Visual Arts**
   a. **Painting**
   b. **Sculpture**
   c. **Computer animation**
   d. **Other**
2. **Performing Arts**
   a. **Theater**
   b. **Dance**
   c. **Music**
   d. **Other**

Additional Comments:

_____
_____
_____
_____

_____
_____
_____
_____

Notice: Teachers must remain in the classroom during the art presentation. Parent volunteers are encouraged.

Questions? Please call Bill Sherwood (Staff facilitator) at (510) 577-3986 or
Linda Stewart (Arts Council Chair) at (510) 303-7490 or
Suzanne Pershing (Arts Council President) at (510) 483-6331

YOUR ARTIST REQUEST FORMS **MUST** BE RECEIVED BY APRIL 1, 2008