

Program Order Form

Date

School District

Address City State Zip

Contact Person Title

Phone Best time to reach

Fax

We would like to schedule:

Artist Program

Grade(s) # in Audience # of Programs

Preferred Dates 1) 2) 3)

Preferred Times 1) 2) 3)

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Please include a copy of the lunch and p.e. schedule of your school to help us with scheduling.

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