



Michael Weyrauch, Ed.D  
Director of CTE & Instructional Services

## A407 Arts-In-Education Program REQUEST FOR VISITING ARTISTS/EXPERTS

**Please Note:** This request must be received at least 3 weeks prior to the event being scheduled. All vendor contracts will need to be executed through Orleans/Niagara BOCES. The contract may require O/N BOCES Board approval which requires 6-8 weeks lead time. **The Superintendent must sign this request.** Thank You!

**District:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**Name of Artist/Organization:** \_\_\_\_\_ Challenger Learning Center of Orleans, Niagara, and Erie Counties

**Name of Program Requested:** \_\_\_\_\_ Mobile Planetarium Program

**Address:** \_\_\_\_\_ 160 Wahsburn St, Lockport NY, 14094

**Telephone Number:** \_\_\_\_\_ 716-434-3196

**TOTAL CONTRACTED FEES** \$ \_\_\_\_\_ (Amount due from school)

**TOTAL ADMINISTRATIVE FEES** \$ \_\_\_\_\_ (8% per program)

**TOTAL PROGRAM & ADMINISTRATIVE FEES** \$ \_\_\_\_\_

**TOTAL # DAYS IN DISTRICT:** \_\_\_\_\_ (Reminder - programs in excess of 5 days will require fingerprint and criminal background clearance - please contact this office to verify clearance.)

Date	Time	# Performance	# Workshops	Location

**# Students** \_\_\_\_\_

**Grade Level(s)** \_\_\_\_\_

**# Chaperones** \_\_\_\_\_

**Primary Art Form**  
(You **MUST** choose **ONLY ONE!**)

**Secondary Art Form**  
(Optional-Choose all that apply)

**Interdisciplinary**  
(Choose all that apply)

Dance \_\_\_\_\_  
Media Arts \_\_\_\_\_  
Music \_\_\_\_\_  
Theatre Arts \_\_\_\_\_  
Visual Arts \_\_\_\_\_  
Writing \_\_\_\_\_

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Visual Arts \_\_\_\_\_  
Writing \_\_\_\_\_

CDOS \_\_\_\_\_  
ELA \_\_\_\_\_  
He/PE \_\_\_\_\_  
MST \_\_\_\_\_  
SS \_\_\_\_\_

**Program Type** (check all that apply) \_\_\_\_\_ Workshop \_\_\_\_\_ Performance \_\_\_\_\_ Residency

**(Continued on reverse)**

**District:** \_\_\_\_\_

**Name of Artist or Group:** (Repeat from previous side) \_\_\_\_\_

**For Interdisciplinary Programs:** Please provide an explanation of how using the arts will enhance the subject area:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this program support school goals and/or curriculum objectives to meet the NYS Arts Standards? (Please be specific)

<b>Standards</b>	<b>Objective(s)</b>
Standard 1: Creating and Performing in the Arts	
Standard 2: Knowing and Using Arts Materials and Resources	
Standard 3: Responding to and Analyzing Works of Art	
Standard 4: Understanding the Cultural Dimensions and Contributions of The Arts	

**Name of Educational Contact for this Program:** \_\_\_\_\_

Position: \_\_\_\_\_ email (optional): \_\_\_\_\_

School Ph#: \_\_\_\_\_ School Fax#: \_\_\_\_\_

**Signature of School Superintendent:** \_\_\_\_\_

**Please complete all information and return through inter-school or post office mail to:**

Michael Weyrauch, Ed.D., Director of CTE & Instructional Services  
Orleans/Niagara BOCES Instructional Department  
4124 Saunders Settlement Road  
Sanborn, NY 14132

**Fax copies to: (716)-731-2148**