



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: _____ Simulated Space Mission

Address: _____ 160 Wahsburn St, Lockport NY, 14094

Telephone Number: _____ 716-434-3196

TOTAL CONTRACTED FEES \$ 750.00 (Amount due from school)

TOTAL ADMINISTRATIVE FEES \$ 60.00 (8% per program)

TOTAL PROGRAM & ADMINISTRATIVE FEES \$ 810.00

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 _____

Dance _____
Media Arts _____
Music _____
Theatre Arts _____
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) Challenger Learning Center of Orleans, Niagara, and Erie Counties

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)

Standards	Objective(s)
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