(Continued on reverse)



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

<u>Please Note</u>: This request must be received <u>at least 3 weeks prior</u> 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 N			Y, 14094			
Telephone N		i-434-3196			_	
TOTAL CON	TRACTED FE	ES \$		(\$150/hr) <b>(Amo</b> u	ınt due from schoo	ol)
TOTAL ADM	INISTRATIVE	FEES	\$		_ (8% per progra	m)
TOTAL PRO	GRAM & ADM	IINISTRA	TIVE FEES	\$		
	AYS IN DIST		clearance - p	(Reminder - polease contact this offi	programs in exce ce to verify cleara	ss of 5 days wil nce.)
Date	Time	# Perfo	ormance	# Workshops	Loc	ation
# Students _			Grade Le	vel(s)	# Cha	perones
Primary Art Form (You MUST choose ONLY ONE!)		Secondary Art Form (Optional-Choose all that apply)			lisciplinary e all that apply)	
Dance Media Arts Music Theatre Arts Visual Arts Writing			Dance Media Arts Music Theatre Ar Visual Arts Writing		ELA	
Program Ty	<b>pe</b> (check all th	nat apply)	Wo	orkshopPe	erformance	Residency

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)							
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 <u>all</u> 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

District: