



**REQUEST FOR ARTIST IN RESIDENCE**

Please take a moment to help us expedite your request for an Artist in Residence by completing this questionnaire.

**About You**

**Name** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
**School** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**City** \_\_\_\_\_

**Pre-booking Questionnaire for School Year** \_\_\_\_\_ **(i.e. 2018/19)**

Please fill in the following information to help us fulfill your residency request.

**Grade level(s)**

- K
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

**Number Of Classrooms**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- More than 10 **{put total amount of classes}**

**Preferred Residency Month**

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

**Preferred Day(s) of the week**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**PLEASE INFORM US OF ANY NON-SCHOOL DAYS DURING REQUESTED MONTHS**

**Weeks of Residency**

- 8-Week Session**
- 4-Week Session**

**Preferred Artist**

- Mario Tejada/Visual Art
- Inga Perry/ Visual Art
- Patti Kennedy/ Visual Art
- Sonya Huff/Visual Art
- Kelsey Cardoni/Visual Art
- Cary Dodge/ Visual Art
- Millie Jazulin/ Visual Art
- Patti Johnson/Dance Artist
- Shelby Smith/Dance Artist

Thank you! We will process your request and contact you with details of your residency options.

Email, Mail or Fax this to:  
**Sandra Wendell**  
**Artists-in-Schools Coordinator**  
**SJCOE**  
**PO Box 213030, Stockton, CA 95213**  
**209-468-4973 • FAX: 209-468-9232**  
[swendell@sjcoe.net](mailto:swendell@sjcoe.net)