

☐ Patti Johnson/Dance Artist



REQUEST FOR ARTIST IN RESIDENCE

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

an Artist in Residence by completing this questionnaire.
E-mail
Phone
(i.e. 2020/2021)
your residency request.
Number Of Classrooms
□ 1
□ 2
□ 3
□ 4
□ 5
□ 6
□ 7
□ 8
_
□ 10
☐ More than 10 {put <u>total</u> amount of classes}
Preferred Day(s) of the week
Monday
Tuesday
☐ Tuesday
Wednesday
- Wednesday
☐ Thursday
,
☐ Friday
We also of Decidency
Weeks of Residency
4-Week Session
_ I ITCK SCSSION
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 <u>swendell@sicoe.net</u>