



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. 2017/18)**

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
- David Vallejo/ Visual Art
- Sonya Huff/Visual Art
- Kelsey Cardoni, Visual Art
- Patti Johnson/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
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