



Program Outreach Booking Form to Copy and Use

12-13

Arts Partners
201 N. Water, Suite 300
Wichita KS 67202
PHONE: (316) 262-4771
FAX: (316) 262-7628

OFFICE USE ONLY	
Date Received	_____
FT#	_____
Program Director's Approval	_____
Sent to school & arts organization	_____

PROGRAM OUTREACH BOOKING FORM

Program Brought to Your School
by an
Arts Partners Partnering Organization

*Note: Only outreach programs for which we have a copy of this completed form on file and approved **in advance** of the program will be paid from your Arts Partners account.*

Schools are responsible for making their own arrangements with the organization doing the program.

School:					
School Contact Person:			Phone Number:		
Partner Arts Organization:					
Program Title:					
Date	Time	Teacher at Program (First & Last)	Grade Level	# of Students	Program Location
Below, list only the dollar amounts AP is to pay.					
Program Fee					