

FreshStARTS Program Request Form

Today's Date: _____ County: _____

School: _____

Address: _____ City _____ Zip _____

Phone: _____ / _____ - _____ Fax: _____ / _____ - _____

School Contact: _____

Contact #'s: Extension: _____ Cell: _____ / _____ - _____

Email: _____

FreshStARTS Program Name: _____

Program Start Time: _____

Performance Dates you would like to schedule (in preference order):

1st Preference: _____

2nd Preference: _____

3rd Preference: _____

FreshStARTS Office Use Only

Artist: _____

Date confirmed: Artist ____/____/____ School ____/____/____

Agreement sent: Artist ____/____/____ School ____/____/____

Agreement Received: Artist ____/____/____ School ____/____/____

Evaluation Form Received: ____/____/____

Proof of Performance Received: ____/____/____

United Arts: Invoiced ____/____/____ Check Received ____/____/____

Artist: Check Request ____/____/____ Check Mailed ____/____/____