

**ARTIST INFORMATION FORM
ARTS IN SCHOOLS**

GROUP NAME: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE:(_____) **FAX:** (_____)

E-MAIL ADDRESS: _____

WEB SITE ADDRESS: _____

PROGRAM DESCRIPTION: (limit- 2-3 sentences or attach brochure)

(note -if multiple programs are available - use back of this sheet)

**FEE - 2x45 minute \$ _____ (fee must include audio equipment as
some schools cannot provide nor can LOV)**

OTHER: \$ _____ Describe: _____

BROCHURE INCLUDED: _____ **PHOTO INCLUDED:** _____

PERMISSION IS GRANTED TO USE PHOTO ON WEBSITE: _____

SOCIAL SECURITY OR FEB. ID NO. OF THE PERSON OR BUSINESS NAME

CHECK

SHOULD BE MADE OUT TO: _____

NAME CHECK TO BE MADE OUT TO: _____

Note: Tri-Cities League of Volunteers - LOV reserves the right not to include an artist on the roster if fees make it prohibitive to include in our school subsidized program, if the quality of the performance does not meet the standards of LOV or if feedback from the schools indicate the performances do not hold the attention of or do not meet the quality required for their students. Please mail this form to the address below.