



League of Volunteers

*Serving Children – The Needy – Seniors
in Fremont – Union City – Newark
through your support*

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: 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.

8440 Central Ave., Suite A/B. Newark, CA 94560
Phone: (510) 793-5683 * Fax: (510) 793-5689 * email: lov@lov.org
Website: www.lov.org * Fed. ID # 94-2638329