GASP ARTIST SCHEDULE FORM

ARTIST NAME: _____

ARTIST preferred contact email and/or phone: _____

Please fill in as much detail as you have available for EACH session. A sample line is provided. Thank you!
Also check your preferred site-visit date(s) for observation by ACMC staff, board members and/or funders (usually toward the end of a project).

Date	Day	From (time	To (time)	Hours	# students if known	School Name	Teacher Name	Grade	Room	Project Name	Site visit pref date?
Sample entry:											
Feb-14	*Tues*	*1:00 PM*	*2:30 PM*	*1.5*	*25*	*School Name*	*Teacher Name*	*K-2*	*103*	*Clay Blobs*	✓

Please return this form to: Arts Council of Mendocino County—GASP, 309 East Perkins, Ukiah, CA 95482 or email to director@artsmendocino.org