



Booking Request Form

Contact Information

FULL SCHOOL NAME _____ CITY _____ SCHOOL DISTRICT # _____

Booking Contact: NAME _____ I am a **new** booking contact! TITLE _____ EMAIL (mandatory) _____

Invoice Contact: NAME _____ TITLE _____ EMAIL (mandatory) _____

Booking Request (Please list **top** choices and **alternate** choices)

ARTIST NAME	TITLE OF PERFORMANCE OR WORKSHOP	TOP CHOICE (check box)	ALTERNATE CHOICE (check box)	AUDIENCE		FEE
				SIZE	GRADES	

TOTAL number of performances you would like to book:

Dates (Please write dates below in this format: Sept 2; Nov 11-14, 29; All June)

Dates to AVOID: (e.g. Pro-D days, photo days, sports days, assemblies, gym in use, early dismissal days)

PREFERRED dates:
(Does not guarantee a booking on this date)

Are there days of the week to AVOID? (Please circle) MON TUE WED THU FRI

Your school's schedule (Please indicate the following times of day)

AM start _____ AM recess _____ Lunch _____ PM start _____ End of day _____

Please email or fax this completed form to ArtStarts in Schools EMAIL bookings@artstarts.com or FAX 604-683-0501	Questions? CALL 1-855-292-7826 ext 103
Please contact us by email if you have not received a confirmation after 5 days of submission.	