



# REGISTRATION FORM

## Artists in the Classroom 2024-2025 School Year

COMPLETE & SUBMIT BY EMAIL TO: [education@vcartsCouncil.org](mailto:education@vcartsCouncil.org)

Please print clearly and complete entire form. For our current roster of teaching artists and course offerings, visit: [vcartsCouncil.org/en/programs/artists-in-the-classroom/](http://vcartsCouncil.org/en/programs/artists-in-the-classroom/).

Requesting Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_  
 School Name \_\_\_\_\_ Principal \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Alternate Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

### PLEASE LIST ALL RESIDENCIES REQUESTED.

(Note that this form is not a list of requests in priority order, i.e., 1<sup>st</sup> choice, 2<sup>nd</sup> choice, etc.)

Ventura County Arts Council reserves the right to offer residencies to alternate teaching artists as needed. At least a 24-hour confirmed, emailed notice to the teaching artist is required to reschedule, postpone, or cancel a lesson. In the event that a teaching artist appears at the calendared time and a change of time/date has not been received within the previous 24 hours, the originally calendared date will be counted as a lesson.

Total Residencies Requested @ \$800 each \_\_\_\_\_

Teaching Artist \_\_\_\_\_ Program Title/Discipline \_\_\_\_\_  
 Classroom Teacher \_\_\_\_\_ Grade Level \_\_\_\_\_ Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Classroom Teacher \_\_\_\_\_ Grade Level \_\_\_\_\_ Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
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Please make checks payable to: Ventura County Arts Council

Mail to: Ventura County Arts Council, Artists in the Classroom, 646 County Square Dr., Ste. 154, Ventura, CA 93003-0436

Teaching artists' wages depend on schools' payments. We appreciate your prompt payment!

Funding Source \_\_\_\_\_ Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Principal Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_