

Please note: this form must be received by the partnership at least three weeks prior to any payment due date. All changes made after Superintendent's signature MUST be approved by Superintendent—NO EXCEPTIONS!!

Schools must place an order with the museum/science center/zoo and then submit this form with ALL information completed!

- | | |
|---|---|
| <input type="checkbox"/> Tickets/Admissions
<input type="checkbox"/> Shared Assembly | <input type="checkbox"/> On the Go
<input type="checkbox"/> Visiting Experts |
|---|---|

School District: _____ Building: _____

School Contact: _____ Phone: _____

Email: _____

Order Information:

Site: _____ Program: _____

Site Contact: _____ Phone: _____ Fax: _____

Name and Address where PAYMENT is to be sent:

Please make sure vendor knows to bill:
 Genesee Valley Educational Partnership
 Accounts Payable
 80 Munson Street
 Le Roy, NY 14482

Please check one: _____ Must be prepaid Payment Due Date _____

_____ Deposit Due Date Site will bill _____

BOCES

Charges:

# Tickets	Each	Total
Student Tickets	@ \$	= \$
Paid Chaperone Tickets	@ \$	= \$
Complimentary Chaperone Tickets	@ \$ 0.00	= \$
Other costs	@ \$	= \$
←TOTAL	TOTAL→	\$

Total chaperones should be no less than a 1:6 ratio unless approved per circumstance.

Please list scheduled dates and times:

Date	Time	Grade(s)	Program(s)

Continued on next page

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SHARED ASSEMBLY or TICKETS/ADMISSIONS

ART DISCIPLINE CONNECTION:

check all that apply

- Dance
- Drama
- Literary Arts
- Media Arts
- Music
- Visual Arts

ON-THE-GO or VISITING EXPERTS

CURRICULUM CONNECTION:

check all that apply

- Careers/Occupational Studies
- Foreign Language
- Health
- Language Arts
- Mathematics
- Science
- Social Studies
- Technology

1. Please describe the advanced preparation your students received for this program.

2. What is the intended purpose/learning opportunity present for this event? Please be specific:

3. Please describe the follow-up discussion or activity that is planned for this program.

Approved:

Arts and Education Contact

Date

Building Principal

Date

Superintendent

Date

*****Return to Tina Clark at cclark@gvboces.org or fax to 344-7606 or 658-7606,
a minimum of three weeks prior to any payment due*****

A Verification form must be returned after the program has been completed.