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 by 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!

☐ Tickets/Admissions
☐ Shared Assembly
☐ On the Go
☐ 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:

<table>
<thead>
<tr>
<th># Tickets</th>
<th>Each</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Tickets</td>
<td>@ $</td>
<td>= $</td>
</tr>
<tr>
<td>Paid Chaperone Tickets</td>
<td>@ $</td>
<td>= $</td>
</tr>
<tr>
<td>Complimentary Chaperone Tickets</td>
<td>@ $  0.00</td>
<td>= $</td>
</tr>
<tr>
<td>Other costs</td>
<td>@ $</td>
<td>= $</td>
</tr>
</tbody>
</table>

←TOTAL TOTAL→ $

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

Please list scheduled dates and times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Grade(s)</th>
<th>Program(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***Continued on next page***
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@gyboces.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.