



**City of North Charleston Cultural Arts Dept.
SCHOOL OUTREACH PROGRAM
VISUAL ARTIST-IN-RESIDENCE**



VA-Request Form

Request Form must be completed, signed by the principal and school liaison, and faxed to the North Charleston Cultural Arts Department.
Fax: 843-529-2291; Ph: 740-5851 or 740-5854

School: _____

Address: _____

School Phone: _____ Fax: _____

Principal: _____

School Liaison/ Contact #: _____

Email: _____

Artist Residency or Special Art Project Requested
(provide 2 options):

1st Choice: _____

2nd Choice: _____

Date and Time of Residency or Project
(provide 2 options):

_____ (or) _____

The signatures below indicate the school acknowledgement of request for participation in these FREE art programs provided by the City of North Charleston. The School will ensure that students, faculty, and the class site are prepared for the arrival of our scheduled artist visit/s on the date confirmed by the Cultural Arts Department.

Principal: _____ Date: _____

School Liaison: _____ Date: _____

Cultural Arts Signature: _____ Date: _____

For Cultural Arts Office Use: Date confirmed w/ Artist _____ w/ School _____

***Cancellation Policy:** Once a booking is confirmed and under contract, cancellation or rescheduling of the agreed date by the school for any reason other than an act of God (refer to Resource Book, pg. 3, for definition) may result in the school's forfeiting participation in the outreach program for that year.*