

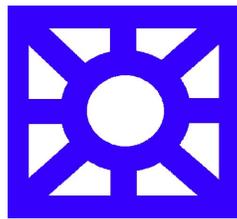
City of North Charleston Cultural Arts Department

SCHOOL OUTREACH PROGRAM

HOW YOUR SCHOOL CAN PARTICIPATE**

- The School Liaison (appointed by the principal) works with teachers to select a Performing Artist, a Literary Artist, and a visit from the Visual Artist-in-Residence from the School Resource Book for the 2016/2017 school year.
- The School Liaison completes the appropriate request form to indicate the type of program selected by the school. (Forms are located in this resource book folder and on the website.)
- The principal must approve and sign each request form before it is faxed to the Cultural Arts Department. Our Department will contact the school to confirm the arrangements we make with the artist or performer in accordance with each school request. On each form, please indicate two options in the event that one is not available. If there are any difficulties in procuring the services of the requested artists, we will notify the school as soon as possible.
- **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 (an inevitable, unpredictable, and unreasonably severe event caused by natural forces without any human interference, and over which an insured party has no control, such as an earthquake, flood, hurricane, lightning, snowstorm) may result in the school's forfeiting participation in the outreach program for that year.

*****PLEASE NOTE: The City's Visual Artist-in-Residence will be contacting the schools in North Charleston to introduce and offer visual art residencies to art teachers throughout the school year. No other performer, agent, or artist should contact your school asking for participation or booking as a part of our program. Performers listed in the School Resource Book have been approved prior to their inclusion, and their fees will be paid by the City of North Charleston. Other outside bookings may not be covered under this FREE program without prior approval, but substitutions are possible on a case-by-case basis. Contact our office at the number listed below with any questions.***

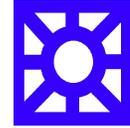


City of North Charleston Cultural Arts Department
P.O. Box 190016
North Charleston, SC 29419-9016
Phone: (843) 740-5851 or (843) 740-5854
Fax: (843) 529-2291
Email: culturalarts@northcharleston.org

For a complete listing of programs and services, visit
www.northcharleston.org.



**City of North Charleston Cultural Arts Department
SCHOOL OUTREACH PROGRAM**



PERFORMING ARTIST

PA 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; PHONE: (843) 740-5851 or (843) 740-5854

School: _____

Address: _____ City: _____ State: _____ Zip: _____

School Phone: _____ Fax: _____

Principal: _____

School Liaison: _____ Title/Position: _____

Contact #: _____ Email: _____

Performing Artist Requested
(Provide 2 options.)

1st Choice: _____

2nd Choice: _____

Date and Time of Performance or Workshop
(Provide 2 options.)

1st Choice: _____
Date _____ Time _____

2nd Choice: _____
Date _____ Time _____

Type of Event: School Assembly Workshop Other: _____

Grade Levels: _____ Expected Attendance: _____

The signatures below indicate the school's 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.

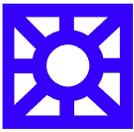
Principal: _____ Date: _____

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.

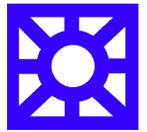


City of North Charleston Cultural Arts Department

SCHOOL OUTREACH PROGRAM

2016/2017 CHILDREN'S THEATRE SERIES

RESERVATION CONFIRMATION FORM



Reservation Deadline (if space is available): Two days prior to each performance
Space is offered on a first come, first served basis so reserve early!

Please select the performance(s) you want to attend and
indicate the number of seats you would like to request for each performance.

The location for this series is the North Charleston Performing Arts Center located at
5001 Coliseum Drive, North Charleston, SC 29418.

Name of School or Daycare:
Address:
City: State: Zip Code:
Phone: Fax:
School Contact Person:
Email:

1) ATLANTIC COAST THEATRE FOR YOUTH presents A Beatrix Potter Holiday
Tuesday, December 6, 2016 at 10 am Performance is best for Grades K-5.
\$2.00 per child; Free/Reduced Lunch Students & Adults Free
Grade Level(s) Attending: Number of Adult Chaperones: (Adults Free)
Number of Children on Free/Reduced Lunch Program: (No Charge)
Number of Children: x \$2.00 per child = \$ Amount Due
Total Seats Reserved:

2) BRIGHT STAR TOURING THEATRE presents for Struggle for Freedom: The Life
of Dr. King
Friday, February 3, 2017 at 10 am Performance is best for Grades 3-Adult.
\$2.00 per child; Free/Reduced Lunch Students & Adults Free
Grade Level(s) Attending: Number of Adult Chaperones: (Adults Free)
Number of Children on Free/Reduced Lunch Program: (No Charge)
Number of Children: x \$2.00 per child = \$ Amount Due
Total Seats Reserved:

3) THE STORY SHIP presents Super Me: The Anti-Bullying Show
Wednesday, April 5, 2017 at 10 am Performance is best for Grades PreK-5.
\$2.00 per child; Free/Reduced Lunch Students & Adults Free
Grade Level(s) Attending: Number of Adult Chaperones: (Adults Free)
Number of Children on Free/Reduced Lunch Program: (No Charge)
Number of Children: x \$2.00 per child = \$ Amount Due
Total Seats Reserved:

Payments due at the door by cash, credit card (Master Card, Visa, Discover, AMEX), money order,
or checks made payable to:

The City of North Charleston
Cultural Arts Department
P. O. Box 190016

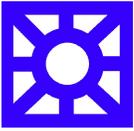
North Charleston, SC 29419-9016

PHONE: (843) 740-5851 or (843) 740-5854 FAX: (843) 529-2291

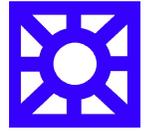
EMAIL: culturalarts@northcharleston.org

Cancellation Policy: Once a group reservation is confirmed, cancellation of the reservation by the school for any reason other
than an act of God may result in the school's forfeiting participation in the outreach program for that year.

PLEASE COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE.



City of North Charleston Cultural Arts Department
SCHOOL OUTREACH PROGRAM
PROGRAM EVALUATION FORM



(Site Contact: Please copy and complete for each program received and return for our records.)

PROGRAM: _____

DATE: _____ TIME: _____

LOCATION: _____

ATTENDANCE:

of Artists: _____ # of Students: _____ # of Educators: _____ # of Other (Parents, etc.): _____

Total # of Attendees: _____

GRADE LEVELS PRESENT: _____

CIRCLE ALL THAT APPLY TO YOUR PROGRAM:

- | | | |
|--|-----|----|
| Was the scheduling of this program completed in a professional manner? | Yes | No |
| Were questions answered in a timely manner and professionally? | Yes | No |
| Do you feel this program was suitable for the audience age group? | Yes | No |
| Did the presentation challenge your audience? | Yes | No |
| Was the artist punctual, prepared, and easy to work with? | Yes | No |

PLEASE RATE THE ARTIST(S) BY CIRCLING THE APPROPRIATE NUMBER FOR EACH CATEGORY:

	EXCELLENT	GOOD	FAIR	POOR
Professionalism	4	3	2	1
Educational value	4	3	2	1
Participation with students (Interactive presentation)	4	3	2	1
Artist's response	4	3	2	1
Audience response: artist was able to generate interest and	4	3	2	1

FOR OFFICE USE - TOTAL SCORE: _____)

List any problems encountered: _____

Please list any suggestions for improvement: _____

Your Name: _____ Date: _____ Title: _____

Please mail, email, or fax to:
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 P.O. Box 190016
 North Charleston, SC 29419-9016

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