



Arts in Education
Contract Performer(s)/Group or Show Ticket Purchase
Service Request Form

Performer(s)/Group Name OR Show Ticket Purchase:	
Address:	
Email & Phone:	
Name of District Contact:	
District Contact Email:	

Service Request Description	
Title and Brief Description of Program:	
List the NYS Arts Standards this program addresses and briefly describe how:	
Date(s) of Program:	
Estimated Total:	

Our district would like the above contracted program billed through the Arts in Education CoSer (402.5842). We agree to pay an additional 10% administrative fee, which will be added to the estimated performance/service billing.

Please submit the above information at least three (3) weeks before the artist begins work at your school. Submit to: Katelyn Campbell, St. Lawrence-Lewis BOCES, 40 West Main Street, Canton, NY 13617, Email: katelyn.campbell@sllboces.org OR Fax to: (315) 386-3395.

SUPERINTENDENT’S SIGNATURE: _____

DATE OF REQUEST: _____