



# SCHOOL PARTICIPATION In MEMBER PROGRAM for Academic Year

ACADEMIC YEAR: \_\_\_\_\_  
 SCHOOL / ORGANIZATION NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DISTRICT \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 GRADES \_\_\_\_\_ PRINCIPAL \_\_\_\_\_

<input type="checkbox"/> Please check if you would like an Invoice sent to <b>Billing Address</b>	<b>Billing Address:</b> _____ (if different than above) _____ _____
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We would like to expand our use of EMAIL communications. Please include information for all relevant contacts.

ART DEPARTMENT CONTACT \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HISTORY DEPARTMENT CONTACT \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ENGLISH DEPARTMENT CONTACT \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ARTS COORDINATOR \_\_\_\_\_ EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

OTHER TEACHER CONTACT 1 \_\_\_\_\_ POSITION \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

OTHER TEACHER CONTACT 2 \_\_\_\_\_ POSITION \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HIGH SCHOOL CONTACT for *YOUNG ARTISTS* EXHIBITION  
 NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

<b>The annual participation fee for schools is \$250 for the academic year.</b>		
<b>PLEASE REMIT THIS FORM WITH PAYMENT – INCLUDE NAME OF SCHOOL ON CHECK</b>		
Send checks to:	Education Department The Katonah Museum of Art 134 Jay Street Katonah, NY 10536	
Phone: (914) 232-9555	fax: (914) 232-3128	email: <a href="mailto:education@katonahmuseum.org">education@katonahmuseum.org</a>