



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	Billing Address: (if different than above)	_____ _____ _____
Billing Address			

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 _____

The annual participation fee for schools is \$250 for the academic year.		
PLEASE REMIT THIS FORM WITH PAYMENT – INCLUDE NAME OF SCHOOL ON CHECK		
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: education@katonahmuseum.org