SCHOOL PARTICIPATION
In MEMBER PROGRAM for Academic Year

ACADEMIC YEAR: _________________________

SCHOOL / ORGANIZATION NAME ____________________________________________

ADDRESS _______________________________ DISTRICT ________________________

CITY ______________________ STATE _______ ZIP __________

PHONE ____________________ FAX _______________________

GRADES ___________________________ PRINCIPAL __________________________

We would like to expand our use of EMAIL communications. Please include information for all relevant contacts.

ART DEPARTMENT CONTACT __________________ EMAIL _______________________

PHONE ____________________

HISTORY DEPARTMENT CONTACT __________________ EMAIL _______________________

PHONE ____________________

ENGLISH DEPARTMENT CONTACT __________________ EMAIL _______________________

PHONE ____________________

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 _______________________

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The annual participation fee for schools is $275 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