Katonah Museum of Art

SCHOOL PARTICIPATION PROGRAM
for Academic Year

ACADEMIC YEAR: _____

SCHOOL / ORGANIZATION NAME _____

ADDRESS _____ DISTRICT _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

GRADES _____ PRINCIPAL _____

☐ Please check if you would like an invoice sent to **Billing Address**

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

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

ART DEPARTMENT CONTACT _____
PHONE _____ **EMAIL** _____

SOCIAL STUDIES DEPARTMENT CONTACT _____
PHONE _____ **EMAIL** _____

ENGLISH DEPARTMENT CONTACT _____
PHONE _____ **EMAIL** _____

SCOOL LIBRARIAN 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 $375 for the academic year.
PLEASE REMIT THIS FORM WITH PAYMENT – INCLUDE NAME OF SCHOOL ON CHECK

Send checks to:

Education Department
Katonah Museum of Art
134 Jay Street
Katonah, NY 10536

Phone: (914) 232-9555 x2985
fax: (914) 232-3128
email: education@katonahmuseum.org