

OPA Artist Within Education Placement & School Agreement

Please complete the following form to establish terms and conditions for the artist in residency.

Name of Artist Within Education Placement

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EMAIL

PHONE

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Name of Teacher/Onsite Coordinator

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EMAIL

PHONE

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Name of School/ Facility

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Address:

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City:

Zip:

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AWE & Teacher/Onsite Coordinator: Work together to establish the agreed upon terms below

What is the duration of the Artist Within Education Placement?

Start Date:

End Date:

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What days of the week will the AWE be onsite?

Monday	Tuesday	Wednesday	Thursday	Friday
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How many hours a day, and from what time to what time?

Hours daily:

Start Time:	End Time:

