

RESIDENCY BOOKING FORM

Please complete form & return to: outreach@theLEAF.org OR CALL 828.68-MUSIC [686-8742].

Name of your organization:

Address:

City:

State:

Zip:

Applicant Website Address:

Primary Contact Name:

Title:

Phone:

Email:

Name of School Principal/Organization Executive Director:

Phone:

Email:

Collaborating Organization Mission (NOTE - Organizations must have complementary missions):

Residency Requested:

Amount Due: \$ _____

Semester:

Day(s) of the Week:

Session Time(s):

Please describe the goals and vision of this VTA Residency with LEAF Community Arts:

Source of Funding and Anticipated Cost (District, PTA, Grants, other):

Names of Staff members involved in collaboration (& any important contact information):

Ages and/or grade levels of youth served:

of involved youth anticipated:

Will this involve a performance for the parents or the larger community? NO / YES

If so, please describe: