RESIDENCY BOOKING FORM

Please complete form & return to: education@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 Residency with LEAF:

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: