



SCHOOL PARTICIPATION In MEMBER PROGRAM for Academic Year

ACADEMIC YEAR: _____

SCHOOL / ORGANIZATION NAME _____

ADDRESS _____ DISTRICT _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

GRADES _____ PRINCIPAL _____

<input type="checkbox"/> Please check if you would like an Invoice sent to Billing Address	Billing Address: _____ (if different than above) _____ _____
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We would like to expand our use of EMAIL communications. Please include information for all relevant contacts.

ART DEPARTMENT CONTACT _____
PHONE _____ EMAIL _____

HISTORY DEPARTMENT CONTACT _____
PHONE _____ EMAIL _____

ENGLISH DEPARTMENT 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 \$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