

**SCHOOL PARTICIPATION PROGRAM  
for Academic Year**

ACADEMIC YEAR: \_\_\_\_\_ 2022-2023  
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 <b>Billing Address</b>	<b>Billing Address:</b> _____ (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 \_\_\_\_\_

SOCIAL STUDIES DEPARTMENT CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ENGLISH DEPARTMENT CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SCOO 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 \_\_\_\_\_

<b>The annual participation fee for schools is \$350 for the academic year.</b>		
<b>PLEASE REMIT THIS FORM WITH PAYMENT – INCLUDE NAME OF SCHOOL ON CHECK</b>		
Send checks to:	<b>Education Department</b> Katonah Museum of Art 134 Jay Street Katonah, NY 10536	Phone: (914) 232-9555 x2985 fax: (914) 232-3128 email: <a href="mailto:education@katonahmuseum.org">education@katonahmuseum.org</a>