



The Arts in Education Program of Central Intermediate Unit 10

200 Shady Lane • Philipsburg, PA 16866

814-342-0884 • FAX: 814-342-5137

Residency Planning Meeting Participation Form

Artist: Secure the necessary information/signatures and fax/send this form to Galaxy within 5 days of the meeting and no later than February 1.

A. Please print legibly and sign where indicated.

Artist: _____ **Host Site:** _____ **Location of Meeting:** _____

Date of Meeting: _____ **Start Time (on site):** _____ **End Time (on site):** _____

Dates of Artist Residency: _____

B. Information About Those Present:

Print Name	Indicate Role in Residency	Signature	E-mail Address
	<small>(i.e. Site Coordinator, Core Group, Teacher, Administrator, Student, Artist, etc.)</small>		<small>(Only if used regularly.)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were any "key players" unable to attend this meeting? YES NO

If yes, who? _____

Reason(s) for absence: _____