



Young Audiences Indiana Arts for Learning Scheduling Form

* = required

School Information

*School Name: _____ Principal: _____
School Address: _____
*City: _____ ZIP: _____
*Phone: _____ Fax: _____

Contact Information

*Contact Name: _____ Phone: _____
Contact Address: _____
City: _____ ZIP: _____ Email: _____
*Preferred means of contact: Phone Email
*Mail Invoice to: Contact School/Site

*Requested Program(s)

1. *Artist/Ensemble: _____ ***Program:** _____

*Date: _____ *Time: _____
*Alternate Date: _____ *Time: _____
*Alternate Date: _____ *Time: _____
*Grade Level: _____ *Number Attending: _____

2. Artist/Ensemble: _____ **Program:** _____

Date: _____ Time: _____
Alternate Date: _____ Time: _____
Alternate Date: _____ Time: _____
Grade Level: _____ Number Attending: _____

3. Artist/Ensemble: _____ **Program:** _____

Date: _____ Time: _____
Alternate Date: _____ Time: _____
Alternate Date: _____ Time: _____
Grade Level: _____ Number Attending: _____

Questions?

Please contact 317-925-4043, ext. 14 or office@yaindy.org