

We accept proposals for performances in theatre, dance, music or other collaborative art forms, designed for the following audiences:

- Kindergarten through 2nd grade
- Grades 3 through 5
- Grades 6 through 8
- Magnet school-focused programs
- Alternative school-focused programs
- Hospitals
- Nursing home or elder care facilities

Please address the following areas in your typed proposal:

1. Name of company/artist.
2. Company contact person, address, phone, fax e-mail, web site.
3. Person in charge of contracts (if different from above), address, phone, fax, e-mail, web site.
4. Title and brief description of presentation.
5. Dates available.
6. Audience to which program is aimed.
7. Facilities and space needs. (Please note: because of a severe shortage of space due to elimination of portables, the less space you need for your performance, the better.)
8. Set-up and breakdown times.
9. Per performance cost of presentation; include cost of additional performances same site/day.
10. A copy of your study guide MUST be included, and MUST contain the credit line for in-school performances only. If your proposal is accepted you will be required to include curriculum connection information, which we will help you develop if we haven't done so. For elements in a good study guide, see the information under Resources for Artists in our website: www.artsinedu.com If your current study guide does not contain all of these elements, please adjust it to do so.

Here is the credit line, which is slightly different from past years:

This program is presented as part of the Artists-in-the-Schools Program, which is funded and jointly sponsored by the Hillsborough County School District and the Arts Council of Hillsborough County.

**ARTISTS IN THE SCHOOLS, ARTS IN MEDICINE
AND ARTS FOR ELDER'S PROGRAMS
INFORMATION FORM**

NAME OF COMPANY/ARTIST:

COMPANY CONTACT PERSON:

ADDRESS:

PHONE:

FAX:

E-MAIL:

WEB SITE:

PERSON IN CHARGE OF CONTRACTS (if different from above)

ADDRESS:

PHONE:

FAX:

E-MAIL:

WEB SITE:

TITLE OF PRESENTATION OR WORKSHOP DESCRIPTION:

FACILITY/SPACE REQUIREMENTS/SETUP & BREAKDOWN TIMES:

DATES AVAILABLE:

AUDIENCE TO WHICH PROGRAM IS DIRECTED:

PER PERFORMANCE COST OF PRESENTATION OR REQUESTED HOURLY RATE FOR WORKSHOPS (include cost of additional performances at same site on same day)

____ I have included a copy of last year's approved study guide.

____ I am submitting a different performance than last year, or an additional performance for consideration. I have included the NEW PERFORMANCE FORM.

**ARTISTS IN THE SCHOOLS, ARTS IN MEDICINE
AND ARTS FOR ELDERLY PROGRAMS
NEW PERFORMANCE FORM**

This form is to be used, in conjunction with the Information Form, by:

- Artists submitting a new performance for consideration in any of the above outreach programs;
- Artists who have not performed in any Hillsborough County outreach programs in the past; or
- Artists submitting a performance which has been approved for inclusion on our school-purchase list of available artists.

Provide the title and a brief description of the performance/presentation/workshop. (A video or any other audio/visual material would be appreciated.)

Facility and space needs for this performance/presentation/workshop, with set-up and breakdown times.

Audience to which the program is aimed: (Schools/grade levels; Magnet or alternative school-focused programs; elderly audiences; programs in hospitals)

Please note: All school performing programs must have an accompanying study guide. Please include that study guide with this information.