

ArtsPowered Schools REGISTRATION 2015.

Return this form and \$200 check or school purchase order payable to:

Idaho Commission on the Arts
P.O. Box 83720
Boise. ID 83720-0008

Last Name _____ First _____

School Name _____

School Address _____

City State Zip _____

Home Address _____

City State Zip _____

School email _____

Home email _____

School District _____ District# _____

Current Teaching Assignment _____

Previous APS Attendee? Years? _____

I would like to reserve a dorm room at College of Idaho, Monday –Thurs.

I am staying at home and will not require (check)

breakfast: T W Th F dinner: T W Th

Please list any mobility needs. _____

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ART STUDIO PREFERENCE

Select Session Choices: First Choice _____

Second Choice _____

Session Choices:

1. Theatre: **Epic! The Long Journey Home**
2. Printmaking: **Building Home**
3. Creative Writing: **Home and How We Get There**
4. Dance: **Our Home, Ourselves**
5. Mixed Media: **Home is Where the Art Is**