



Arts Share Scheduling Request Form

Upon receipt of this form, an Arts Share representative will contact you to schedule your event.

Organization _____

Contact _____

Address _____

City, State, Zip _____

Daytime Phone Number _____

Best time to call _____

Preferred Artist, Ensemble or Discipline:

Preferred Dates and Times:

Please also attach the following information:

- **Type of activity requested (workshop, Performance, master class, etc.)**
- **Goals for the activity**
- **Number of participants**
- **Grade/age level of participants**
- **Location of activities**
- **Budget**

Please return form to: Arts Share
W113 Halsey Hall, The University of Iowa, Iowa City, IA 52242.
phone (319) 335-1618 email: artsshare@uiowa.edu