

PARTICIPATION FORM – 2020 G.M.B. ARTS IN EDUCATION SPRING CELEBRATION

Complete this form and submit no later than 1/10/2020.

Email completed form to aguthrie.gmbspringcelebration@gmail.com

Check <http://www.springcelebration.org/calendar.html> for updated scheduling

SCHOOL/ORGANIZATION _____ SCHOOL DISTRICT _____ # _____
 (THIS IS HOW YOUR NAME WILL APPEAR ON YOUR PLAQUE)

CITY _____ COUNTY _____ SCHOOL OFFICE PHONE _____

PRINCIPAL _____ PRINCIPAL EMAIL _____

CONTACT PERSON _____ TITLE _____

CONTACT EMAIL _____ PHONE (cell) _____ (home) _____

ART TEACHER (if you will display art) _____ EMAIL _____

A. PERFORMANCES BY STUDENTS: Bands, Orchestras, Choirs, Dance, Drama, etc. (Plan for total performance time)

(1) Describe the performance; (2) number of students participating in performance; (3) length of performance; (4) directors' names.

_____ ; _____ students; _____ minutes; Director _____
 _____ ; _____ students; _____ minutes; Director _____
 _____ ; _____ students; _____ minutes; Director _____
 _____ ; _____ students; _____ minutes; Director _____
 _____ ; _____ students; _____ minutes; Director _____

TOTAL ESTIMATED PERFORMANCE TIME INCLUDING TRANSITIONS _____

B. EXHIBITS: Painting, Drawing, Collage, Ceramics, Sculpture, Drafting, Home Economics, Woodworking, etc.

(1) Describe the exhibit; (2) number of 3' wide x 5' high display panels needed; (3) number of 2' wide x 6' long tables needed; (4) Directors' names.

_____ ; _____ ; panel; _____ tables; Director _____
 _____ ; _____ ; panel; _____ tables; Director _____
 _____ ; _____ ; panel; _____ tables; Director _____

C. DEMONSTRATIONS OF ART PROCESSES BY STUDENTS: (Highly encouraged): Any of the above.

(1) Describe the demonstration; (2) number of students demonstrating; (3) number of 3' wide x 5' high display panels needed (in addition to those listed above); (4) number of 2' wide x 6' long tables needed; (5) faculty directors' names.

_____ ; _____ students; _____ panel _____ tables; Director _____
 _____ ; _____ students; _____ panel _____ tables; Director _____

PLEASE CIRCLE ALL POSSIBLE DATES AND TIMES THAT YOUR SCHOOL IS AVAILABLE TO PARTICIPATE.

Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
		4/15*	4/16	4/17**	5/4	5/5	5/6	5/7	5/8
4/20	4/21	4/22	4/23	4/24	5/11	5/12	5/13	5/14	5/15
4/27	4/28	4/29	4/30***	5/1					

*Jr. High Jazz Day-Monday, April 13
 ***High School International Jazz Day-Thursday, April 30
 SPACE IS LIMITED

PREFERRED START TIME: (1st/2nd/3rd) 11:00 _____ 11:30 _____ 12:00 _____ 12:30 _____ 1:00 _____

PREFERRED DATE: (Enter dates) 1st Choice _____ 2nd Choice _____ 3rd Choice _____

STAGE PREFERENCE: (Check one) Monument Stage _____ Circle Stage _____

*Junior High Jazz Day – Jr High Groups Scheduled
 **Hands Around The Court House (no performances from 12:00-12:30 p.m.)
 ***International Jazz Day – High School Jazz Groups Scheduled
 National Day of Prayer (no performances scheduled from 12-12:45)

_____ I will **NOT** go to the alternate venue, if my event is cancelled on my scheduled day.