



APPLICATION FORM
SCANDINAVIAN FOLK ARTS IN THE K-12 CLASSROOM - MAY 3, 2019

Contact Information

Name: _____

Mailing Address: _____

Phone number(s): _____ Preferred email address: _____

Name of school/organization: _____

Grade/Subject(s): _____

City/town of school or organization: _____

Will you need lodging in Madison on Thursday and/or Friday night? **Thursday:** ___ Yes ___ No **Friday:** ___ Yes ___ No

Note: WTLC will be able to provide double-occupancy rooms for participating educators.

Vegetarian meal preference? ___ Yes ___ No

**Lunch will be provided Friday, May 3*

Experience with WTLC

How did you learn about Scandinavian Folk Arts in the K-12 Classroom? _____

___ This is the first time I'm participating in a WTLC program.

*If you are new to WTLC, please attach a paragraph describing why you're interested in participating in the event.

___ I participated in a previous WTLC program. Please identify which one/s: _____

Payment

Please complete this application form and send it with your **\$75 security deposit** (check) by **March 15**, to Wisconsin Arts Board, c/o Kaitlyn Berle (WTLC), P.O. Box 8690, Madison, WI 53708-8690.

WTLC will notify you when your application has been received, and you are confirmed for the program.

***** Please sign the following statement that pertains to documentation of the program.**

I give permission to be included in photographs or recordings of program activities with the knowledge that these materials may be used on the WTLC, Wisconsin Arts Board, or Center for the Study of Upper Midwestern Cultures websites and in future promotional and educational efforts by WTLC, WAB, or CSUMC.

Signature: _____

Date: _____

This program is made possible with generous support from the American-Scandinavian Foundation.