



2019–20 In-School Residency Programs Application

Section I. School Information

Please fill out the form completely. Should you have any questions, please call the Arts Education department at 973.353.7058.

School Name: _____

School Address: _____

Street Address

City

State

Zip

School Phone Number

School Fax Number

School Website

County: _____ School District: _____

Principal

Name: _____

Title

First

Last

Principal's Phone Number

Principal's Email Address

School Secretary

Name: _____

Title

First

Last

School Secretary's Phone Number

School Secretary's Email Address

In-School Liaison *The Group In-School Liaison is the individual responsible for coordinating the residencies.*

Name: _____

Title

First

Last

Liaison's Phone Number

Liaison's Email Address

Section II. Residency Selection

Please list all programs your school is applying for below.

PROGRAM NAME	GRADE LEVEL	NUMBER OF RESIDENCIES	RESIDENCY LENGTH (WORKSHOP, 1 WEEK, 8 WEEKS)	APPROX. NUMBER OF STUDENTS PER CLASS	START DATE

Each residency serves one classroom of up to 30 students



2019–20 In-School Residency Programs Application

Section III. Payment Information

- Order forms submitted without payment will not be processed and full payment is due at the time of ordering. Acceptable forms of payment include check (school or personal) or money order.
- Please note: If the preferred payment options are not immediately available, a school purchase order may be submitted and an invoice will be sent to you. A purchase order is a legally binding document. A copy of your purchase order must accompany this order form. A purchase order is only used to secure residencies, It is not considered payment. It is the responsibility of the school contact listed on this order form to ensure that their finance office receives the necessary paperwork to submit a payment.
- Actual payment must be received 30 days after successful submission of this order form. Orders not paid by that time are subject to cancellation by NJPAC. If you or your school has a previous unpaid balance, new applications will not be accepted until the balance is paid in full.
- Enclosed: Please make all checks, money orders and purchase orders payable to “New Jersey Performing Arts Center.”
- Personal or School Check # _____
- Purchase Order # _____
- Grand Total: \$ _____

Section IV. Order Completion

- I certify that the information entered in this order form is true and complete.
- I understand that an application is not complete until I receive a confirmation of receipt from NJPAC and an invoice. I have also read and understand the NJPAC payment policies.

Signature of School Principal and/or District Supervisor:

Title:

Date: _____

You’re almost done!

Please send the entire form and payment to:
 New Jersey Performing Arts Center
 ATTN: Kyle Conner / Manager, Sales & Partnerships
 1 Center Street
 Newark, NJ 07102
 or FAX to 973.642.0654
 or EMAIL to kconner@njpac.org