



# BEDFORD PTG-iARTT PROG MAINTENANCE FORM

## REQUESTOR INFORMATION:

NAME:	
EMAIL:	
ELEMENTARY SCHOOL:	
PHONE NUMBER:	
DATE FORM COMPLETED:	

**CHANGE REQUESTED:** ☐ Addition ☐ Removal ☐ Edit

☐ Artist Name, Medium, and Era: \_\_\_\_\_

Please attach the following appropriate documentation:

- ☐ **Planned Lesson**
- ☐ **Intended Art Project**
- ☐ **Supplies Needed for Project w/ Anticipated Cost**
- ☐ **Reason for Add or Removal**

**Approval:** Approval must already be provided by 1 Elementary School Principal, and 1 Art teacher or Librarian.

Principal signature: \_\_\_\_\_ Date: \_\_\_\_\_

Art Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elementary School: \_\_\_\_\_

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## BELOW TO BE COMPLETED PTG - IAG District Coordinator or Co-President:

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_