



2014-2015 Registration

Registration is for any classroom that would like to participate in VSA activities. This will ensure your interest and participation for upcoming VSA programs including the annual festival, AIR classes and other activities. Please turn in form to your building representative on the Genesee County VSA committee.

Staff Names: _____

School District: _____

Name of School: _____ Room Number _____

Address: _____

City: _____ Zip: _____

Telephone (Day): _____ (Alternate): _____

Fax: _____ Email Address: _____

of Students: _____ Ages: _____

Types of disabilities (Please specify): _____

Adaptations needed: _____

Describe your students' strengths: _____

Arts your class receives: Music Visual arts Creative movement Story telling Drama

From which arts media do you believe your students would most benefit?

_____ Visual art _____ Literary Arts _____ Creative Movement _____ Music _____ Drama

Why? _____

How do you integrate the arts in your curriculum? _____

Volunteer Request

Name(s) _____

School: _____ Room Number: _____

Preferred Contact information (phone number or email address):

All the programs and festivals provided by VSA Michigan – Genesee County are done on a volunteer basis. Donating hours of your time will help us make a difference for our participants and to raise funds to keep the arts alive for persons with disabilities in our community.

_____ Help with dinner fundraiser (location and dates TBA)

_____ Help with distributing/selling tickets for dinner fundraiser prior to the event

_____ Help with setting up Art Show (location/dates TBA)

_____ Volunteer on building VSA/festival committee

_____ Volunteer for the annual building festival

_____ Volunteer on the VSAMI-Genesee County Committee (Monthly meetings from 3:15 to 4:45 p.m. on the first Wednesday of each month) or as an alternate representative

Other (please specify): _____

Thank you!!!