



2017-18 Fund Reservation Form

PURPOSE

This form is to be used if your school intends to apply a portion of your Right Brain funds (up to \$2 per student) to support teachers' involvement in planning.

INSTRUCTIONS

Submit this document in the Fall to ensure that funds will be available when invoices from your district are processed. You don't have to tell us exactly how much you'll use, but it is better to over-estimate than under-estimate.

School Name: _____ Date: _____

AMOUNT REQUESTED TO BE RESERVED

\$ _____

THESE FUNDS WILL BE USED FOR (SELECT ALL THAT APPLY)

- Substitutes for planning meetings with artists
- Extended contract pay for a teacher coordinating Right Brain at school
- Other (provide a brief description):

SCHOOL CONTACT FOR QUESTIONS ABOUT THESE RESERVED FUNDS

Name: _____ Title: _____

Email: _____ Phone: _____

AUTHORIZATION

Principal's Signature _____

Date _____

SUBMIT COMPLETED FORM TO

Young Audiences | 1220 SW Morrison Street, Suite 1000, Portland, OR 97205
Fax: 503-225-0953 (please confirm receipt) | Scan and email: josephine@ya-or.org