Schedule Form

Please submit with evaluations to Oneida Nation Arts Program following performance.

Host/Organization:_____ City:_____

Actual Workshop / Residency / Performance Dates: _____

TIME *(ex. Mon. 8:00-8:50)*	**GRADE** *(ex. 4th)*	**TEACHER** *(ex. Mrs. Jones)*	**# OF STUDENTS** *(ex. 19)*	**ACTIVITY** *(ex. Drumming)*