The Foundation for Arts, Culture & Education at the HCPA

FACE • PO Box 2424 • Gilbert • AZ • 85299

Building Bridges Program Letter of Agreement

School Name:				
Authorizing Name:				
Title:				
Address:				
City:	State:	Zip:		
Phone:	E-Mail:			
♦ Contact informat	ion who will coordinate the	program at the school:		
Name: Address:	Phone:	Cell:		
City:	Sta	e: Zip:		
Yes! We ago		o our students and complete and return the evalua	ation within	
Total numbe	Total number of classrooms participating in the program.			
Grand Total r	number of students, teacher	s and chaperones that you will need performance	seats.	
Please indicate	the grades levels th	at will be attending:		
		options please list your 1 st & 2 nd choice est to accommodate your school.		
Monday, Ma	rch 2, 2015 – 10:00am			
Monday, Ma	rch 2, 2015 – 12:15pm			
		· <u>15, 2014</u> with our school district bus transportat		
from the Higley Cent forward a P.O. to FA	_	ocated at 4132 East Pecos Road in Gilbert, Arizon	a, and	
Signature	Title	Date		