

**REQUEST FOR APPROVAL
PERFORMANCES FOR ELEMENTARY SCHOOL ASSEMBLIES**

Date: _____

Title of Program: _____

Brief Description (List specific educational values) _____

Program Participants: _____

Facilities Required: _____

Size of Audience: _____ Length of Performance: _____

Target Audience (check one): Primary (K-3) _____ Upper (4-6) _____

Intermediate (3-4) _____ Grades K-6 _____

Special Requirements (optional): _____

References: _____

Contact Person: Name: _____

Address: _____

Phone/email: _____

Cost of Program: _____

The above information will be maintained on file in the office of the Visual & Performing Arts Department and the information will be given to any school person requesting it.

Complete and return to:

San Diego Unified School District
Visual & Performing Arts Department
2441 Cardinal Lane
San Diego, CA 92123
(858) 256-2700
(858) 256-2708 - Fax