

North Dakota Museum of Art

2024-2025 Music Education Program

1. Participating School: _____
2. Contact Person: _____
3. Phone/Email of contact: Phone _____ Email: _____
4. Artist choice and performance date (please list 2 choices; we will try to accommodate you with your first choice):

Choice #1: _____ Date: _____

Choice #2: _____ Date: _____

5. In the space below please briefly describe the event you have in mind. For example, a young audience performance, a workshop, a masterclass, # of participants/audience, age of audience, if a masterclass, relevant instruments, etc.

6. After the conclusion of the concert we may request feedback about your event in the form of a brief questionnaire that may be completed by teachers, students, staff or anyone else in attendance. We use the documentation for evaluation purposes and to provide information to our sponsors. For these purposes, photographs and short videos are also helpful, although not mandatory. Do you agree to provide concert feedback? _____

Please return this reservation form to the Chamber Music Program at the North Dakota Museum of Art, 261 Centennial Drive, Grand Forks, ND 58202

Or

You may send the information by email to Chambermusic@ndmoa.com. You do not need to reproduce the form, so long as your email includes all the information requested.

Requests will be filled on a first-come/first-served basis.