



Schedule Form

Also available on the website at: www.oneidationarts.org Please submit 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)