

SIoux CITY ART CENTER DOCENT PROGRAM

Name: _____

Address: _____

Email: _____

Please contact me by email

Home Phone

Cell Phone

Work Phone

PREFERENCES

Tours

Regular

ARTworks

Ages

Any

4th Grade
& younger

5th—8th
Grade

High
School

Adult

Availability

SATURDAY

SUNDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Any

Notes
