SEEDS Grant-Schedule Form

Please send this completed schedule form to Kim Wurst. Email: kwurst@oneidanation.org, Fax: 920-496-7879.

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)*