SAVANNAH MUSIC FESTIVAL

A WORLD OF MUSIC. ONE CITY.

Musical Explorers Professiona	I Development Re	epresentative A	Agreement
--------------------------------------	------------------	-----------------	-----------

REPRESENTATIVES

• REPRESENTATIVES below agree to attend Musical Explorers PDs with the intent to <u>re-faciliate PD content</u> to OFFSITE TEACHERS on behalf of the following school and/or entity,

	located at	
School/entity		Address

• The individuals below will serve as REPRESENTATIVES at Musical Explorers Professional Development sessions,

Arts specialist representative (print)	Signature	Date
Kindergarten representative (print)	Signature	Date
1st grade representative (print)	Signature	Date
2nd grade representative (print)	Signature	Date

• REPRESENTATIVES will receive professional development on the following date(s),

SAVANNAH MUSIC FESTIVAL

A WORLD OF MUSIC. ONE CITY.

PRINCIPAL

I, _____, agree to ensure that Musical Explorers PD

Principal name (print)

REPRESENTATIVES and **OFFSITE TEACHERS** will gather for PD re-facilitation at my school within two weeks of **REPRESENTATIVES**' professional development.

Principal signature Date

Sr. Director, Community Impact, SMF

Date

Please submit a list of OFFSITE TEACHERS by completing the attached table.

SAVANNAH MUSIC FESTIVAL

A WORLD OF MUSIC. ONE CITY.

OFFSITE TEACHERS

(Teachers who will receive PD re-faciliation at school/entity)

Name (print)	Initial