

**SPECIAL SCHOOL PROJECT
PROPOSAL FOR A COLLABORATION IN THE DESIGNING OF A PROJECT
BETWEEN
A SCHOOL
AND
THE MONTREAL MUSEUM OF FINE ARTS**

NAME OF THE SCHOOL : _____

NAME OF THE TEAM LEADER : _____

ADDRESS OF THE SCHOOL : _____

TELEPHONE : _____

FAX : _____

E-MAIL : _____

The Proposed Project

1. Description

2. Goals and objectives of the project

3. The targeted audience : (number and school level)

4. Timeline for the project :

5. Members of the project committee (teachers, specialist, volunteers or others)

6. Responsibilities and tasks of your school

7. Museum's contribution (time, expertise, services, etc.)

8. Comments

Signature / date

Please return this form to:
Richard Roy/ Education and Community Programmes Department, Montreal Museum of Fine Arts/
P.O. Box 3000, Station H, Montreal, Quebec, H3G 2T9
Or by fax to : (514) 285-4070