



## **Studio Support Agreement Addendum** **Primary Facilitator Designation Form**

This **Primary Facilitator Designation** ("Designation") is made on \_\_\_\_\_ by  
Warren Area High School \_\_\_\_\_ ("Partner School").

Partner School Information		Partner School Contact Information	
<b>Name:</b>	Warren Area High School	<b>Contact Name(s):</b>	Eric Mineweaser
<b>Street Address:</b>	345 E 5th Ave	<b>Contact Role:</b>	Director of Curriculum, Instruction & Assessment
<b>City, State, Zip:</b>	Warren, PA 16365	<b>Phone(s):</b>	814-723-6903 ext.1033

### **Purpose of Primary Facilitator Designation**

The Primary Facilitator Designation is primarily used by Creative Learning Systems to determine future eligibility for professional development in the event of Facilitator turnover, when included in the Support Agreement. Professional development will be provided, upon request, if the Primary Facilitator designated on the most recent Support Agreement or Primary Facilitator Designation form leaves the role of Studio Facilitator. By designating the Primary Facilitator, all relevant terms of the signed Support Agreement will apply to the individual named below.

Primary Facilitator			
<b>Name:</b>	Joe McClellan	<b>School Role:</b>	TV Studio Instructor
<b>Email Address:</b>	mcclellanjc@wcsdpa.org	<b>Phone(s):</b>	814-723-3370

### **Additional Terms:**

**Contract Term:** This Designation shall apply to the terms of the most current Support Agreement unless otherwise updated by Partner School in accordance with the terms of this Designation.

**Cancellation and Modifications:** Partner School may update this Designation at any time by completing the Primary Facilitator Designation form.

**Professional Development:** When included in the Studio Support Agreement, only one training benefit is available per contract term. Additional remote or onsite professional development will be available to Partner School on a preferred scheduling basis at a 10 or 15% discount from then current rates at the time of training (please contact CLS for professional development rate information).

### **Execution of Service Agreement**

By signing below you certify that you have read and agree to the Terms and Conditions of this Designation and that you are authorized to sign this Designation on behalf of the Partner School.

Please return a fully completed and signed copy of this Agreement to:

Creative Learning Systems, LLC  
1801 Lefthand Circle  
Longmont, CO 80501  
Fax: 303-772-6422

For Partner School:

Print Name: Donna L. Zariczny

Title: Board President

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For CLS:

Print Name: Haley Huberty

Title: Professional Development Manager

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Rev. md 3/10/20

ATTEST:

\_\_\_\_\_  
Board Secretary