

WILL VOLUNTEER _____
NOT A VOLUNTEER _____
_____ DATE

Artworks Artist Business Information
and Agreement

NAME: (Print clearly) _____
ARTIST NUMBER: _____
ADDRESS: _____
CITY: _____ ZIP: _____
DAY PHONE: _____
EVENING PHONE: _____
CELL: _____
E-MAIL: _____
SOCIAL SECURITY NUMBER: _____
ART MEDIUM OR MEDIUMS YOU WORK IN:

CONTACT PERSON who will know how to reach you in the
future. _____
Address: _____
Phone: _____

I HAVE READ THE GUIDELINES AND UNDERSTAND
THE STIPULATION ON ABANDONED WORKS.

ARTIST'S SIGNATURE _____
ARTWORKS REPRESENTATIVE _____
DATE _____