



ARTS & PERS/Medical Alarm Sponsorship Programs

ARTIST/FACILITATOR REGISTRATION

Name _____ Artistry _____

Street Address _____

City _____ State _____ Zip _____

Office Phone # _____ Cell Phone # _____ Home Phone # _____

E-Mail _____ Website _____

Birth Date _____ Year of First Performance/Exhibit _____

Training, Education, Certificates, Degrees _____

Performance/Exhibit Experience _____

Teaching Experience _____

Available to Facilitate:

- Master Class Clinic Workshop Performance Exhibit Activity Session

Best Time of Day Available: Mornings Afternoons Evenings Nights

Best Days Available: Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays

Specific Dates Available: _____

Terms of Availability: Volunteer Basis Fee Basis (Rate: \$ _____)

COMMENTS: _____

REFERENCES:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Please Mail Or E-Mail To The Address Below With Supporting Documentation (Resume, Curriculum Vitae, Bio-Sketch, Etc.)

Thank You!