

# ARTIST INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AS YOU WOULD WANT

PUBLICLY ACKNOWLEDGED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

\_\_\_\_\_ \$5.00 FEE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MEDIUM: \_\_\_\_\_ SIZE: \_\_\_\_\_

STATEMENT OF INSPIRATION: \_\_\_\_\_

\_\_\_\_\_

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Please submit this form by August 24, 2018.