

# GOLDEN ISLES PENGUIN PROJECT

# ARTIST FORM

Artist's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parent e-mail: (Please print clearly) \_\_\_\_\_

Artist e-mail: (If different) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone #: \_\_\_\_\_ Can this # Receive Texts?  Yes  No

Alternate Phone #: \_\_\_\_\_ Can this # Receive Texts?  Yes  No

Artist's cell phone: \_\_\_\_\_ Can this # Receive Texts?  Yes  No

Disability/Special Needs: \_\_\_\_\_

Male  Female Height: \_\_\_\_\_ Current Hair Color: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Or Graduated from: \_\_\_\_\_

If employed, where: \_\_\_\_\_

Please "X" out all conflict dates.

Please mark all conflict dates you may have during: January and June 2018

**PERFORMANCE DATES ARE JUNE 14, 15, 16, 17, 2018**

January 2018							February 2018							March 2018							April 2018						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
	1	2	3	4	5	6					1	2	3					1	2	3	1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	4	5	6	7	8	9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	11	12	13	14	15	16	17	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	18	19	20	21	22	23	24	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28				25	26	27	28	29	30	31	29	30					

May 2018						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2018						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Please return form to  
**Golden Isles Arts & Humanities**  
 1530 Newcastle Street  
 Brunswick, GA 31520  
[info@goldenisesarts.org](mailto:info@goldenisesarts.org)  
[www.goldenisesarts.org](http://www.goldenisesarts.org)