

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: February 2017 and June 18, 2017.

PERFORMANCE DATES ARE JUNE 15, 16, 17, 18, 2017

February 2017							March 2017							April 2017							May 2017						
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				1	2	3	4							1		1	2	3	4	5	6
5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13
12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20
19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
26	27	28					26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31			
														30													

June 2017						
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
www.goldenisesarts.org

