



## PRINTMAKING REGISTRATION FORM

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

### PRINTMAKING EXPERIENCE

The use of the printmaking studio requires prior printmaking experience as there is no instruction available. Please list your previous experience.

How long have you been a printmaker? \_\_\_\_\_

What are the specifics of your printmaking knowledge?

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EMERGENCY CONTACT PERSON- Please list the person you would like contacted in the case of emergency.

NAME \_\_\_\_\_

RELATIONSHIP TO REGISTRANT \_\_\_\_\_

PHONE \_\_\_\_\_