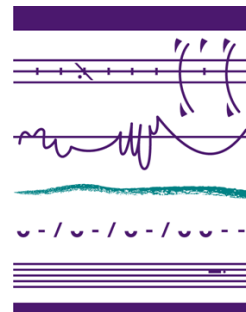




# Hidden Talents



MINNESOTA  
STATE ARTS BOARD

## For Student

**CODE OF CONDUCT:** All participants and affiliates are required to conduct themselves with integrity, courtesy, and respect for others, and will remain in compliance with applicable laws and Backus Community Center policies and procedures. Backus Community Center reserves the right to dismiss any participant at any time at its discretion.

Please print your information clearly.

**Student Participant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Are you 17 years old or younger? \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide a brief description of your artform or talent:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent or Guardian**

\_\_\_\_\_

*By signing this form, I agree to abide by the policies described above*

\_\_\_\_\_

Print Parent or Guardian Name

\_\_\_\_\_ YES - I give permission for use of my child's photograph and materials for promotion

\_\_\_\_\_ NO - I do not give permission for use of my child's photograph and materials for promotion

Contact Hoa Sobczynski for more information  
 Phone: 218-285-7225  
 Email: hoasobczynski@backusab.org

Brought to you by  
 Backus Community Center and  
 Minnesota State Arts Board  
 Creative Support Grant



# Hidden Talents



## For Adult

**CODE OF CONDUCT:** All participants and affiliates are required to conduct themselves with integrity, courtesy, and respect for others, and will remain in compliance with applicable laws and Backus Community Center policies and procedures. Backus Community Center reserves the right to dismiss any participant at any time at its discretion.

Please print your information clearly.

**Participant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Are you 18 years old or older? \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please provide a brief description of your artform or talent:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature**

\_\_\_\_\_

*By signing this form, I agree to abide by the policies described above*

\_\_\_\_\_ YES - I give permission for use of my photograph and materials for promotion

\_\_\_\_\_ NO - I do not give permission for use of my photograph and materials for promotion

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