Lions Bay Arts
CONNECTED THROUGH THE ARTS
ESTABLISHED 2010

Christmas Fair I Kids Corner Application

Artist's Name:		
Parent's Name:		Phone:
Current address:		Cell:
Check applicant's age group below	Box No:	City:
☐ 6-8 ☐ 9-11 ☐ 12-14 ☐ 15-18	Postal Code:	Email Address:
We respect your privacy and will not hand over your information to anyone other than Lions Bay Arts)		
Tell us about your craft/art idea:		

ALREADY A MEMBER?

	YES		**NO**		**CALL ME**

PAYMENT

PAYMENT METHODS:	☐ **CASH**	☐ **CHEQUE**	☐ **E-TRANSFER to: INFO@LIONSBAYARTS.CA**

(Cheques payable to: LIONS BAY ARTS, Mail to: P.O. Box 587, Lions Bay, BC, V0N2E0)

FOR OFFICE USE

Membership received by:	Y	N
Date deposited to bank:	Y	N

ArtSpark
Igniting & supporting creativity in our young aspiring artists