



STUDIO 9 APPLICATION

Name _____

Phone _____

Email _____

Address _____

Featured Wall \$100 September through May Amt. Paid _____ Check ___ Square ___ Cash _____
For Month of _____ Hang date: _____ remove date: _____

Featured Wall \$50 June, July August Amt. Paid _____ Check ___ Square ___ Cash _____
For Month of _____ Hang date: _____ remove date: _____

Wall A - \$50 Amt. Paid _____ Check ___ Square ___ Cash _____ For month of _____
Hang date: _____ remove date: _____

Wall B - \$50 Amt. Paid _____ Check ___ Square ___ Cash _____ For month of _____
Hang date: _____ remove date: _____

Window Wall - \$50 Amt. Paid _____ Check ___ Square ___ Cash _____ For month of _____
Hang date: _____ remove date: _____

Each artist must hang and remove their own artwork. See Guidelines for Studio 9 for information and requirements.

Originality and Hold Harmless statement:

I will be responsible for reporting incomes on my income tax statement. All submissions are my **original creation**. I own all rights. I hold the MAL and venue harmless of any all liabilities, damages or injuries to me or my artwork that may occur during this exhibit.

Artist signature _____

Studio 9 Chairperson _____

You may use this barcode to make a payment through Square

