

Arts Alive! Tabling Form



NAME _____

ARTIST/PEN NAME _____

PRONOUNS _____

PHONE # _____

EMAIL ADDRESS _____

WEBSITE/SOCIAL MEDIA _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP _____

COUNTRY _____

PREFERRED MONTH _____

TRIBAL AFFILIATION _____

ARTIST BIO
OPTIONAL

PLEASE RETURN THIS TO THE CENTER, OR EMAIL IT TO JFONTENOT@WIYOT.US

*THE CULTURAL CENTER MANAGER RETAINS THE DISCRETION TO ACCEPT OR REJECT APPLICATIONS