

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](mailto:jfontenot@wiyot.us)

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