

CHALK



WALK

ARTIST ENTRY FORM

EVENT DATE: FRIDAY, AUGUST 28 – SUNDAY, AUGUST 30 2009

Yes, Sign me/us up!

Artist Information:

Artist's name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Artist's name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

PLEASE DESIGNATE WHICH DIVISION YOU ARE COMPETING IN:

MIDDLE SCHOOL

HIGH SCHOOL

AMATEUR

PROFESSIONAL

PLEASE MARK T-SHIRT SIZE

ARTIST #1: S M L XL

ARTIST #2: S M L XL (adult sizes)

Artist Disclaimer: I, the undersigned artist(s) (guardian if under 18) acknowledge the following:

- The art I/we create must be suitable for general public viewing
- The Titusville OIL150 Committee is entitled to photograph the art work and/or artist(s) and use it for any publicity purposes.
- Sidewalk Chalk is provided. No paints, liquid chalk, or fixatives can be used.
- I will be courteous, friendly, and helpful to fellow artists and members of the public.
- I release Titusville OIL150, all committees, sponsors, organizations and individuals involved in the chalk walk from any liability, product or personal, for the duration of the event.
- Once I/we have been notified that we are registered and have been assigned a square, if I/we cannot attend the event, I/we will contact the OIL150 committee so that the square can be reassigned.

I have read the above and agree to abide by the artist disclaimer.

Signature artist #1 or their guardian: _____ date: _____

Signature artist #2 or their guardian: _____ date: _____

Mail to: Karen Henry
OIL150 Chalk Walk Committee
41275 Pleasant Street
Titusville, PA 16354

If you have any questions you may call Jody Gustafson at 814-671-5517 or email questions to jodyg@erieeyeclinic.com