

Application for use of the printmaking area

Date of application _____

Required date (s) of booking _____

Session 1 (am) _____

Session 2 (pm) _____

Lithography _____

Etching _____

Studio artist _____

Associate gallery artist _____

Artist in residence _____

Master printmaker _____

Enrolled in class _____

Other (please state) _____

Name _____

Address _____

City _____ postcode _____

Phone _____ email _____

Emergency contact name _____ Phone _____

Previous printmaking experience _____

Describe your objectives for working in the area

Checklist – sign if you agree to the terms and conditions of the rules of conduct & OH&S policy

1. have you read the rules for conduct & OH&S policy yes _____ no _____

2. have you signed a printmaking basic agreement yes _____ no _____

3. are you required to pay a fee yes _____ no _____

Signature _____ date _____