

Application For Print Studio Usage

(please print)

Name _____ Date _____
Address _____ City _____ State _____
Zip _____ Phone _____ Email _____

1. Are you 18 years of age or older? Yes No

2. How did you hear about Maude Kerns Art Center?

3. Please describe your experience in Printmaking. List any work experience, classes, or other relevant experience.

4. Please list what processes you are interested in conducting in the MKAC Print Studio.

4. Are you currently a student? Yes No

If yes, please list school. _____

5. References

Please list three people, not related to you, whom you have known for at least one year.

Name	Address	Position	Years Acquainted

I certify that the facts contained in this application are true and complete to the best of my knowledge.

Signature _____ **Date** _____