

# PALETTE PROJECT

DANIEL KEYS, INSTRUCTOR

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_ Birth Date: \_\_\_\_\_

What School do you attend? \_\_\_\_\_ Grade \_\_\_\_\_

Have you participated in Palette Project before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year? \_\_\_\_\_

How did you hear about Palette Project?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your medium of choice?

\_\_\_\_\_

What are your preferred brands of art supplies to use?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any food allergies/ restrictions? (to better help us order food for lunch)

Gluten\_\_\_ Dairy\_\_\_ Nuts\_\_\_ Vegetarian\_\_\_ Vegan\_\_\_ Other: \_\_\_\_\_

Parent/Guardian/Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_

SCOTTSDALE ARTISTS' SCHOOL

3720 N. MARSHALL WAY SCOTTSDALE AZ 85251