

# PALETTE PROJECT

DANIEL KEYS | SCOTTSDALE ARTISTS' SCHOOL

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Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ 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: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_