

## MODEL REQUEST FORM: *Workshops*

Instructor Name: _____ Phone: _____ Email: _____
Workshop Title: _____ Workshop Dates: _____

Please **complete this form and submit it to** Evelyn Little at: [elittle@scottsdaleartschool.org](mailto:elittle@scottsdaleartschool.org) or call 480 990-1422 if you have questions.

Please submit your request **ASAP**. *We schedule models 3-4 weeks in advance if possible, so your prompt attention is appreciated.*

**NOTE:** The School must have 48 hours' notice of any change in the model request (including cancellations or additions). The School still must pay **a Model** if you cancel him/her with less than 24 hours' notice.

Day/Date	Time (am, pm or all day)	Number of Models*	Male or Female**	Characteristics**	Nude, Portrait or Costumed	Notes
____ day / /20						
____ day / /20						
____ day / /20						
____ day / /20						
____ day / /20						

\*Scottsdale Artists' School will provide 1 model for up to 11 students and 2 models for 12-18 students

\*\*The School will try to match your requests, but we are unable to guarantee specific requests for model type or costuming