

PALETTE PROJECT

DANIEL KEYS, INSTRUCTOR

Name _____

Address _____

City _____ State _____ ZIP _____

Email _____ Cell _____ Birth Year _____

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 _____ Cell _____

SCOTTSDALE ARTISTS' SCHOOL

3720 N. MARSHALL WAY SCOTTSDALE AZ 85251