

Arts Council of Greater Kingsport
Summer Arts Camp
June 21-25, 2010 (M-F) • Kingsport Renaissance Center

Artist Application / Contract

Name _____ E-mail _____

Address _____

Telephone (Day) _____ (Evening / CELL) _____

Social Security Number: _____

We are required, by the IRS, to report income over \$600.

Bio/Experience *(please list or attach a resume or brief bio):*

Arts Instruction Categories *(please check all that apply to your skill-set):*

Dance Music Theatre Visual Arts: 2D 3D Other _____

Preferred Age Group *(please check both if applicable)*

4-6 year's old 1st-8th grade Scholarship Campers: 1st-8th grade

Instructor Availability *(please check all available times):*

	M (6/21)	T (6/22)	W (6/23)	Th (6/24)	F (6/25)
8:45-10:00 AM	___	___	___	___	___
10:10-11:45 AM	___	___	___	___	___
1:00-2:25 PM	___	___	___	___	___
3:00-4:25 PM	___	___	___	___	___
4:25-6:30 PM					___

PROJECT INFORMATION

Brief project description or attach a lesson plan (sessions should be 1 hour and 20min. in length):

Supplies to be provided or reimbursed for (please estimate reimbursement amt.):

Space needs and/or requirements:

Contract

Once applications are accepted and details confirmed, the artist agrees to render the Arts Council of Greater Kingsport personal services outlined in the above application and ACGK agrees to hire the Artist at a rate of \$50/workshop.

Signature: _____ Date: _____

Please complete and return this application **no later than April 30 to the attn. of Katie Carrico. The application can be dropped off at the ACGK office located in the Renaissance Center, or mailed to the address below, or sent by fax to the Arts Council at 423-392-8422.**

1200 E. Center Street
Kingsport, TN 37660

If you have questions, please feel free to contact Katie at 423-392-8420 or by e-mail: katherinecarrico@gmail.com.

Please indicate your T-shirt size:

- Youth S Youth M Youth L
 Adult S Adult M Adult L Adult XL