



Imagine Art
where every life is a work of art

ARTIST REGISTRY

Contact Information

Date of Registration: _____

Artist Name: _____

Date of Birth: _____

Address: _____

City: _____

Zip: _____

Phone Number(s): _____

Email Address: _____

Personal Website: _____

Disability Diagnosis: _____

Artistic Information

Identify your level of education in the arts

Self-taught artist

Informal education

College Degree in Art _____

Other _____

Describe your art?

What are your artistic goals?

What services and supports do you require to be successful in meeting your goals?

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What are your barriers to accessing the arts?

Do you desire to use the Open Artist Studio of Imagine Art? Yes No

The studio is open Monday – Thursday 9 until 3. If you are interested in using the studio what days and hours are you available? _____

Employment and Small Business Interest

Are you interested in getting a job in the arts? Yes No

List possible job titles _____

Are you interested in starting a small business in the arts? Yes No

If yes, what is the nature of the business? _____

Are you interested in computer training to use creative suite software (Photoshop, etc.)

Yes No

If yes, specifically what software do you desire training in? _____

Are you a registered client of DARS? Yes No

Counselor's Name _____

Which field office? North South East

Are you a registered client of ATCMHMR? Yes No

Service Coordinator's Name _____

Please attach the following items to this application:

- Sample of your work (photo, color copy or digital)
- \$10 application fee (non-refundable)