



WHERE ART HEALS!

AURORA STUDIO & GALLERY

PO Box 2094, ASHEVILLE, 28802
828-335-1038

APPLICATION

NAME _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

WHAT INTERESTS YOU ABOUT THE ARTS?

WHAT ART EXPERIENCES HAVE YOU HAD?

WHAT TYPES OF ART ARE YOU MOST INTERESTED IN CREATING?

DO YOU HAVE ANY FOOD ALLERGIES OR FOODS YOU CANNOT EAT, IF SO, TO WHAT?

PLEASE SHARE ANY INFORMATION YOU FEEL MAY BE PERTINENT FOR THE PROGRAM DIRECTOR TO KNOW (SENSITIVITIES, SPACE/SEATING CONCERNS, NOISES, ETC. AND LET US KNOW HOW WE CAN SUPPORT YOU SHOULD THOSE CONCERNS ARISE (PLEASE ADD ANOTHER PAGE IF NEEDED)).

+ I AGREE TO COME TO CLASS SOBER AND UNDERSTAND I WILL BE ASKED TO LEAVE SHOULD MY SOBRIETY BE IN QUESTION. AURORA STUDIO STAFF MAY CONTACT ME OUTSIDE OF CLASS TO ASK IF I WOULD LIKE ANY REFERRALS FOR SUPPORT.

+ I ALSO AGREE TO PERMIT AURORA STUDIO STAFF TO CONTACT EITHER AN EMERGENCY CONTACT PERSON OR MOBILE CRISIS SHOULD MY WELL BEING BE OF CONCERN TO MYSELF OR OTHERS.

ARTIST'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE

EMERGENCY CONTACT NAME AND NUMBER
