



I.D.E.A.

ART STUDIOS

INSPIRING . DEVELOPING . EQUIPPING . ARTISTS

REGISTRATION FORM

NAME _____

PHONE H: _____ C: _____

EMAIL _____

ADDRESS _____

BIRTHDAY ____ / ____ / ____

I AM INTERESTED IN GETTING BETTER AT:

- | | | |
|---|---|--|
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Getting "Looser" | <input type="checkbox"/> Blending techniques |
| <input type="checkbox"/> Painting with Oils | <input type="checkbox"/> Realistic Painting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Painting with Acrylics | <input type="checkbox"/> Expressive color | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mixing colors | <input type="checkbox"/> Impressionism | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Palette knife painting | <input type="checkbox"/> Abstraction | <input type="checkbox"/> Other: _____ |

I AM INTERESTED IN CREATING THE FOLLOWING SUBJECT MATTER:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> People/Portraits | <input type="checkbox"/> Abstracts | <input type="checkbox"/> City Scapes |
| <input type="checkbox"/> Landscape | <input type="checkbox"/> Sea Scapes | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Still Life | <input type="checkbox"/> Interiors | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Narrative | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Other: _____ |

MY GOALS FOR MYSELF AS AN ARTIST ARE:

(OVER)

MY EXPERIENCE AS AN ARTIST HAS BEEN:

HOW DID YOU LEARN ABOUT THIS CLASS?

- | | | |
|---|--|--|
| <input type="checkbox"/> Google: Oro Valley | <input type="checkbox"/> Street Sign | <input type="checkbox"/> Mail |
| <input type="checkbox"/> OVCC catalog | <input type="checkbox"/> Car Sticker | <input type="checkbox"/> Friend referral |
| <input type="checkbox"/> OVCC 3 fold Brochure | <input type="checkbox"/> AZ Art Supply | Name of friend: |
| <input type="checkbox"/> OVCC email | <input type="checkbox"/> Hobby Lobby | _____ |
| <input type="checkbox"/> OVCC wall flier | <input type="checkbox"/> Internet ad" | <input type="checkbox"/> Other_____ |

ADDITIONAL COMMENTS:
