



# 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"/> 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: _____    |

### I am interested in creating the following subject matter:

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

My goals for myself as an artist are:

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My experience as an artist has been:

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How did you learn about this class?

- |                                               |                                        |                                          |
|-----------------------------------------------|----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Google: _____        | <input type="checkbox"/> Street Sign   | <input type="checkbox"/> Mail            |
| <input type="checkbox"/> Newspaper            | <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:

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The artistic growth and success of my students is of the utmost importance to me, as is your privacy and safety. I am always open to new class ideas and ways to improve current classes. If you would like to express a testimonial, have a question, concern or a suggestion, please email me. I value your feedback. [idea.art.studios@gmail.com](mailto:idea.art.studios@gmail.com)