



Artist Program Agreement Info Sheet

Contact information to be kept on file and used only in the event of an emergency

Artist's Full Legal Name: _____

Date of Birth: (month and day) ___ ___/___ ___

Home Address: _____

Please indicate your preferred phone contact number:

Home Phone: _____ Preferred: _____

Mobile Phone: _____ Preferred: _____

Email Address: _____

Artist's Website URL: _____

Emergency Contact Name: _____

Relationship to Artist: _____

Contact's Work Phone: _____ Contact's Home Phone: _____

Contact's Mobile Phone: _____

Secondary Emergency Contact 2 Name: _____

Relationship to Artist: _____

Contact's Work Phone: _____ Contact's Home Phone: _____

Contact's Mobile Phone: _____

Is there anything you would like us to know regarding allergies or medical conditions in the event of an emergency? _____

Artist Signature

Date