



## Consultation Application Form

### Personal Information:

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Art Experience and Educational Background:

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### What are some topics and questions you would like to ask?

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### Anything else you would like me to know about you?

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**Availability:**

Please list the days and times you are available (in your local time zone).

Time Zone: \_\_\_\_\_  
(Please include City, State, Country if necessary)

Day	Available Times
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

*By submitting this application, you acknowledge that the information provided is accurate and complete. You understand that class availability is subject to scheduling and instructor availability. In the event of any schedule changes or cancellations, we will make our best effort to accommodate your needs.*

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_  
*(Parent / Guardian if student under 18)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent / Guardian if student under 18)*

Please email this application form along with 5-10 pieces of your best artwork to Mr. Chris at [xpchien@gmail.com](mailto:xpchien@gmail.com).

Feel free to copy and paste the modified form, and make any further adjustments you deem necessary before sending it via email.