

Eccentric Artist Studio & Gallery: Private Event Intake Form

Contact Information:

Full Name: _____ Phone Number: _____

Email Address: _____

Event Information:

Project: _____

Making Date & Time: _____ # of Participants: _____

Glazing Date & Time: _____ # of Participants: _____

We would like our pieces to be dipped by EAS&G staff in clear glaze with no colour.

Special Notes:

Please include any information that we may need to better understand your event/participants.

Acknowledgements & Permissions

- I give permission to The Eccentric Artist Studio & Gallery to take photographs and video of my event for promotional purposes.*
- I acknowledge that I am responsible for my party's actions while they are in the studio and aware that I may be asked to stay with them in the duration of their session as support.*
- I am aware any violence towards staff is not tolerated, those who verbally or physically abuse staff are not welcome in the studio.*
- I am aware and agree with the EAS&G cancellation policy.*
- All the information I have provided to The Eccentric Artist Studio & Gallery is truthful.*

Date: _____

Customer Signature:

Eccentric Artist Studio & Gallery:

Diane Foster

Please fill in and send to Chin-Ting Sherwin at info@eccentricartiststudio.com, or alternatively bring it in person to 829-C Admirals Road, Esquimalt. For any questions, call 778-757-3274 or email.