## **2021 Yellow Springs Arts Council Artist Directory Questionnaire**



Please Print Clearly. Not all fields are required, but the more info you provide, the more beneficial this artist directory is likely to be to you. If you do not wish to be contacted via a specific method (e.g. snail mail, email, home phone), do not include that information.

*First Name:	*Last Name:				
*Phone:					
Mailing Address:					
*City:					
E-mail address:					
Website URL:					
Business Name (If applicable):					
Business Address:					
City:					
$\square$ I have a studio space.					
Studio Address:					
City:					
Studio Hours:					

are a musician,	ose up to three (3) by write the name of you der "other" as well.		-				
Paint	Photography	Printmakir	ng .	Mixed Media	Installation		
Writing	Illustration/Draw	ringPublic Art		Film/Video	Theater		
Jewelry	Ceramics	Wellness A	arts	Sculpture	Fiber Art		
Dance	Landscaping	Music		Body Art	Design		
Other (Spec	cify):						
*Check all that	apply:						
$\square$ I am in need of a space to work.		$\square$ I teach classes based on my craft.					
☐ I can offer other artists a space to work.		$\square$ I am willing to take commissions.					
☐ I have materials to share/trade.		☐ I am willing to sell my work to businesses.					
☐ I am looking for artists to collaborate with.		☐ I am willing to sell my work on payment plans					
☐ I am willing to participate in curatorship (artist talks, gallery sitting, etc.) of my own shows.							
☐ I am willing to answer questions from other artists.							
YSAC artist members in good standing get the added chance to include a short statement that describes you and your work. Please write up to 100 words in third-person complete sentences that includes information you think would be helpful to buyers or other artists. We reserve the right to edit your statement both in print and online.							

Send completed questionnaires to:

P.O. Box 459, Yellow Springs, Ohio 45387

Or scan and e-mail to: <u>ysacartistdirectory@gmail.com</u>