

Fruit Loopz Youth Stage 2011: Visual Artists

Please print this page, fill it out-then, along with any other supporting material, send it to **Afi Browne at fruitloopz2011@gmail.com**

or drop it off at: **333 Sherbourne St. 2nd FLR—Sherbourne Health Centre (south of Carlton), 'Attention Fruit Loopz', OR FAX TO 416-324-4262**

If you have any questions, contact **Afi @ 416-324-4100 ext**

Fruit Loopz actively encourages submissions from trans youth, racialized youth, and youth from outside Toronto.

NAME OF ARTIST/GROUP:
AGE OF MEMBER(S):
CONTACT PERSON:

ARE YOU A RETURNING VISUAL ARTIST?-
WHICH YEARS DID YOU PRESENT YOUR WORK?-

PHONE: _____ **E-MAIL:** _____

SUBMISSIONS ARE DUE BACK BY FRIDAY APRIL 15TH 2011

TYPE OF ART:

Sculpture

Painting/Drawings/Graphics

Video

Other _____

Is there anything we can do to make your experience with Fruit Loopz more accessible?

PLEASE READ AND SIGN BACK OF THIS PAGE

Artist Statement (Tell us about the art you are showcasing. Provide links to or examples of your work if possible):

Technical Requirements and Support Materials (equipment Fruit Loopz can provide showcasing your art)

Artist BIO: Please provide a 50-words or less bio that we can use in Fruit Loopz Youth Stage program.

Attach an additional sheet if necessary.)

YOU MUST SEND YOUR BIO WITH YOUR SUBMISSION!

Waiver:

Do you give Fruit Loopz permission to print or advertise your name? Yes | No

Do you give Fruit Loopz permission to use photos or images of you for publicity purposes? Yes | No

Contact Person (please print):

Phone number (where we can reach you during the day):

Signature:

Date: