

Collingwood Arts Center
STUDIO RENTAL APPLICATION

Preferred Name:		
Legal Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	E-mail Address:	
Optional Pronouns (please circle) she/her/hers he/him/his they/them/theirs Other:		
Vehicle Model, Color, License #		
Primary artistic medium, or intent for studio usage:		

Studio Information:

What materials, equipment, and tools do you plan to use in general?
What energy/utility or special requirements do you have?
How many hours per week do you plan to use the studio space?
What time of the day or night are you likely to use the studio space?
Would you be willing to volunteer at the CAC? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the CAC?
In what capacity would you be willing to volunteer (skills, trades, interests)?

Employment:

Current or Most Recent Employer:	
Address:	
Supervisor's Name:	Phone Number:
Your Position:	Length of Employment:

REFERENCES: Please provide the contact information for two personal references.

Name:	Relationship/years known:
Phone Number:	
Name:	Relationship/years known:
Phone Number:	

EMERGENCY CONTACT: (CAC will only use this info in the event of an emergency).

Name:	Relationship:
Phone Number:	Alternate Phone Number:

BACKGROUND CHECK AUTHORIZATION: I hereby authorize the Collingwood Arts Center to run a standard background check to determine my eligibility as a studio artist (separate form).

I certify that the above information is true and accurate to the best of my knowledge. I also acknowledge that if approved by the Collingwood Arts Center, the above named will be the only user of this studio, and that the studio will NOT be used for residential purposes under ANY circumstance. If I want to share this studio with another artist, I understand that that artist will have to apply and be approved as a Co-Artist.

Applicant's Signature

Date

*** Return completed application and \$25 background check fee to:
Collingwood Arts Center, 2413 Collingwood Blvd., Toledo, OH 43620**