

ART WALK 2022
GREATER PORT CLINTON AREA ARTS COUNCIL
PORT CLINTON, OHIO

APPLICATION

*REQUIRED FIELD****

*APPLICANT SIGNATURE****

*PRINT APPLICANT NAME****

APPLICANT PARENT'S OR LEGAL GUARDIAN'S SIGNATURE
(Applicants Younger than 18-Years-of-Age Must Have a Parent's or Legal Guardian's
Signature on the Application.)

PRINT APPLICANT PARENT'S OR LEGAL GUARDIAN'S NAME

NAME AND / OR BUSINESS NAME(S) YOU WOULD LIKE TO BE LISTED ON THE
MONTHLY EVENT FLYER
(If Different from the Name Listed above.)

*DATE****
(Month / Day / Year)

*PRIMARY PHONE NUMBER****

SECONDARY PHONE NUMBER

*PRIMARY E-MAIL ADDRESS****
