

**ARTIST PROGRAM
ARTIST-AT-WORK APPLICATION**



NAME (individual or group): _____

IF APPLICANT IS AN ORGANIZATION OR GROUP, PLEASE GIVE CONTACT NAME & INFORMATION:

ART MEDIA: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ TELEPHONE: _____

EMAIL: _____ WEBSITE: _____

Description of Proposed Demonstration:

Signature: _____ Date: _____

Please forward to:

Kitchener Public Library, c/o Stephanie Donkers-Schmalz,
85 Queen Street North, Kitchener ON, N2H 2H1 or email required information to
stephanie.schmalz@kpl.org