Artist in the School Program

ARTIST BILLET PAYMENT FORM

To be filled out by Billet:

Name	
Email	
Phone	
Mailing Address	
Artist Name	
Dates /Nights of stay	

Billet Signature _____

Artist Signature _____

Submit completed form to: info@artistintheschool.ca

For Art Society Use:

Number of Nights	
@ $80.00 per night	
Total	
Cheque Number	
Date	

YUKON ART SOCIETY

Yukon