

# FOR THE LOVE OF ART: YOUTH ART EXHIBITION APPLICATION

HARMONY ARTS FESTIVAL | AUGUST 2–11, 2024

*Sponsored by IRIS The Visual Group*



## ARTIST

Name:

School:

## PARENT/GUARDIAN

Name:

Email:

Phone:

Address:

City:

Postal Code:

## ARTWORK

Title:

Medium: What materials did you use to make the artwork?

Inspiration: What was your inspiration for this artwork?

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## ARTWORK

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Motivation: What do you like about making art?

Sale: Would you like to make this artwork available for sale?

YES

☐

NO

☐

What price would you like to set for your artwork?

## PRIVACY

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*Freedom of Information and Protection of Privacy Act Notice:* Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* section 26(c) and will be used only for the purpose of processing your application to the Harmony Arts Festival. If you have questions about the collection and use of this information please contact Legislative Services, between 8:30 a.m. and 4:30 p.m., Monday to Friday, excluding statutory holidays or at 604-921-3497 at Municipal Hall, 750 17th Street, West Vancouver BC V7V 3T3.

## CONFIRMATION

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*To be completed by parent/guardian.*

I confirm that I have read and agree with the terms and conditions and privacy notice: YES

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The artist is under the age of 19 at the time of submission: YES

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