Artisan Application

Date

Business Name
Address
City State Zip
Website

Contact Name
Phone Number
Email Address

Product Description	UBI #

Interest/Availability
◯ Year-round (Tourist Season, Holiday Events, etc)
◯ Special Events Only
◯ Single Event: _____
◯ Skills Instruction: _____
◯ Other:

Fee Enclosed	
◯ Initial Support Fee	$ 100.00
◯ Annual Renewal Fee	$ 50.00
◯ Youth Artisan	$ 25.00
◯ Donation	$
TOTAL	

Prior Venues	# Years

Emergency Contact
Name:
Phone:

Emergency Contact
Name:
Phone:

Artisan Application

What makes you a GREAT fit for our organization?

Ways you can help Rain Shadow Artisans :
○ Social Media Presence? ○ Facebook ○ Instagram ○ Other:
○ Willing to instruct as part of education program?
○ Interested in volunteering with event planning/committees?
○ Mentor to assist new artisans with orientation and guidance.

I am aware Artisan Information and Guidelines are subject to revision. I have read the information and agree to abide by the rules as outlined in the guidelines. I understand that Rain Shadow Artisans has the right to terminate privleges to any artisan at the discresion of the Board of Directors.

I agree to hold harmless Rain Shadow Artisans, it's employees, affiliates and board of directors, all participants for any claims, loss or damange, of any nature whatsover arising from this agreement or artisan's use of premises.

I understand it is in my best interest as a business to purchase my own general liability insurance policy.

I understand that an artisan application is required each year and participation is not granted until applicable fees are accepted.

I understand by volunteering my help with events and general Rain Shadow Artisans operations and planning, costs can be kept low. Cooperative participation sustains our group mission to support, encourage and inspire artisans to practice and share their craftsmanship with the community.

I agree to respect and uphold the high standards of this organization and advocate for the community we serve.

Actions:

#1 - Submit Completed Application with Fee

#2 - New Artisans: Set date for Jury Process

_____

Applicant's Signature

_____

Date

Make checks payable and mail to:

Rain Shadow Artisans
PO Box 262
Port Angeles, WA 98362