



Cathedral City

ARTIST OUTREACH FORM

For Cathedral City residents

Return to: dpressgrove@cathedralcity.gov

Date _____

Name _____ Contact # _____

Email _____ Website _____

Address _____ City _____ State _____ Zip _____

If you own a gallery in Cathedral City:

Name _____ Address _____

TYPE OF ART

(Please check relevant boxes)

- Painter Sculptor Photographer Graphic Designer Lighting Designer Dance
- Performance Art Theater Mosaics Other _____

COMMERCIAL EXPERIENCE

(Two year minimum, please check relevant boxes)

- Murals Illustrations Signage Logos Commissions Dance Advertisements
- Performance Art Window Displays Dioramas Other _____

Do you contract with private companies? Yes No

Do you contract with government agencies? Yes No

Do you contract with individuals? Yes No

Do you contract with nonprofit organizations? Yes No

Are you interested in a group exhibit of Cathedral City artists? Yes No

Are you interested in participating in an Artists' Open Studio Tour? Yes No

PERSONAL EXPERIENCE

Gallery Exhibitions: _____

Commissions: _____

Performances: _____

Private Venue Exhibitions: _____

Other: _____

PERSONAL STATEMENT

(Please attach information on awards or special honors, bio or statement of philosophy)