

ATLANTIC AVENUE ARTS WALK 2005 - STUDIO & EXHIBITING ARTIST REGISTRATION
Please send materials by April 15, 2005.

AAAW05 will be held the weekend of June 4 & 5, 2005 from 1pm-6pm both days. The event is a self-guided tour of open studios and exhibitions designed to highlight established and emerging area artists. For more information, visit: www.atlanticavenueartwalk.com

ARTIST INFORMATION:

Name: _____ Studio/Venue Name (if any): _____

Street Address: _____ Unit: _____ Zip Code: _____

Space Description: personal studio group studio gallery retail other _____

Location: brownstone studio building storefront other _____

INFORMATION FOR WEBSITE:

Please include any additional information only if you would like these to appear on the tour site:

Email address: _____ Website: _____

Phone: _____ Other: _____

We recommend that you include an image to accompany your information. We accept .jpg and .tif formats by email or on disk.

Image Title: _____ Media: _____

Dimensions: _____ Price: _____

AGREEMENT

By registering to participate in the Atlantic Avenue Arts Walk, I agree to the following terms:

- I will notify and secure any needed permissions from my landlord, studio members, proprietors, and/or any persons necessary to allow public access to the space in which I will show artwork.
- I / a representative to show my work will be present during published tour hours on June 4 & 5, 2005.
- I will notify the tour coordinators immediately if I am not able to participate in the tour, in whole or in part.
- I will display tour materials on street level on tour dates and inside my building as necessary to ensure visitors ease of locating and accessing my destination.
- I will take necessary precautions to secure my tour location, artwork, and personal property, including but not limited to notifying neighbors and studio members as necessary and consider any additional safety and security measures needed prior to tour dates.
- I will remove the work on the June 4th 2005 unless prior permission has been secured from the landlord or store to exhibit beyond that date.

I, _____, have reviewed and agree to the above terms for the 2005 Atlantic Avenue Arts Walk. By signing this registration and agreement, I assume the full risk and responsibility for any loss or damage incurred during this event and I waive and release Atlantic Avenue Arts Walk coordinators and sponsors from any claims arising out of my participation in this tour.

Please mail registration form to: COLab, 487 Atlantic Avenue, Brooklyn, NY 11217 or email to: registration@atlanticavenueartwalk.com. Thank you for your participation in the Atlantic Avenue Art Walk.

**For more information or any questions, contact:
Lisa Shimamura 917-365-6168, lisa@colab-projects.com**