

ART REACH

WHAT DO YOU WANT TO DO WITH YOUR LIFE?

PAINTING
PRINTMAKING
ANIMATION
DIGITAL MUSIC
WEB DESIGN
CREATIVE WRITING
DRAWING
ART HISTORY
FILM-MAKING

The Provincetown Art Association and Museum is offering **ART REACH**, a **FREE** program for youth 15 years and up, Tuesday, Wednesday & Thursday afternoons, starting October 5th.

ART REACH will be offered over two semesters--fall and spring--with specific themes and approaches in each. Both semesters culminate with exhibitions in PAAM's galleries. Take one semester or both. No experience is necessary, but space is limited. Apply today!

This program is FREE and all materials will be supplied. See application form on reverse. Questions? **Call Lynn Stanley at 508.487.1750 or email lstanley@paam.org**



www.artreachpaam.com



ART ON THE EDGE, ART REACH and the STUDENT MENTOR PROGRAM are supported in part by the National Endowment for the Arts - which believes that a great nation deserves great art; the Arts Foundation of Cape Cod; Ted Jones and Peter Petas; the Kelley Foundation; the Aeroflex Foundation; the Massachusetts Cultural Council; and the Hess and Helyn Kline Foundation.



Kelley Foundation, Inc.

Provincetown Art Association and Museum 460 Commercial Street Provincetown MA 02657 www.paam.org



Application

I'm Interested! What do I do next? Fill out the form below. Make sure your parent or guardian signs the form. Bring the completed form to the School Office, your art teacher, or mail/fax to PAAM, Attn Lynn Stanley, 460 Commercial Street, Provincetown, MA 02657 or Fax number 508 487 4372 As part of the application process, interviews for the program will take place after all applications have been received. You and your parent/guardian will be notified if you have been accepted into AR. Questions? email lstanley@paam.org or call 508 487 1750 x13

Student's Name _____

Age: _____ Date of Birth _____ Grade: _____

Parent's/Guardian's Name _____

Address _____

Parent's/Guardian's Phone _____

Parent's/Guardian's Cell phone _____

Parent's/Guardian's E-mail _____

Emergency Contact Name & Phone Number _____

Why do you want to participate in this program? Please attach additional paper if needed.

Are you involved with any other after school activities? Yes No

If yes, please describe:

Do you have any health issues or food allergies we should be aware of? Yes No

If yes, please explain:

I want to participate in Semester 1 (10/5/10 through 1/27/11) Yes No Maybe

I want to participate in Semester 2 (1/25/10 through 5/15/10) Yes No Maybe

I want to participate in both Semesters Yes No Maybe

Parents/guardians understand and agree that PAAM will be taking photos and/or video of participants in workshops and events, and may publish these in any format or media without additional permission from parents, guardians, or those individuals documented.

Parent/Guardian Signature _____ Date _____

Print Name _____

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