

**CONFIRMATION CONTRACT**

**ARTIST-IN-RESIDENCY**

DATES OF RESIDENCY: .....

TIME: .....

LOCATION: .....

BUDGET: .....

GRADE LEVEL: .....

TOTAL # OF PEOPLE: .....

PROJECT DESCRIPTION: .....

.....

.....

SCHOOL NAME

TEACHER

CONTACT PERSON

( )

( )

( )

PHONE #1

PHONE #2

PHONE #2

EMAIL ADDRESS

BILLING ADDRESS

*TERMS: All payments due with this signed confirmed contract. Students must exemplify respect, good behavior and be in good health (meaning, if a child is sick or having a bad day, he/she cannot participate). Refunds are negotiable. Please note: Art Eruption is a fun and unique program, not a daycare or babysitting session. Participants are encouraged to take risks, respect age and ability differences, learn new skills and laugh a lot. Eruption does not assume liability for personal injury or death. By signing below, you've read and agree with the terms stated above:*

CONTACT SIGNATURE

DATE: / /2017

**EASY**

**ONLINE PAYMENT:**

www.paypal.com  
Click Send Payment/ Enter  
business name Eruption or enter  
email eruptionlisa@gmail.com/  
Follow easy steps

**BY MAIL:**

PO BOX 1012  
WELCHES, OR 97067

CHECKS TO: LISA RIVERSONG  
MONTGOMERY

**IN PERSON:**

I CAN SWIPE YOUR CARD OR  
TAKE CASH/CHECK

CHECKS TO: LISA RIVERSONG  
MONTGOMERY