



enhancing Historic Downtown Chambersburg revitalization through art

252 East King Street, Chambersburg PA 17201  
717-377-8502

### artFEST Artist Agreement

#### Artist's Contact Information:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

I, the undersigned, hereby acknowledge, and agree to abide by, the guidelines and conditions as set forth in the attached "ArtFest Artist Guidelines". I further acknowledge receipt of this agreement.

\_\_\_\_\_

Artist's signature

date

\_\_\_\_\_

ArtFest Coordinator signature

date

Artist's Media Profile *(please provide a brief paragraph about your work, including medium, and any exhibits your work has been shown in, and/or awards/accolades you have received.)*

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