



Application for Student Art Display Glendale's Life Long Learning Program

Section I: Applicant Information

Address					
Phone Nun	nber		E	-mail	
Life Long	Learning Class Title				
Select one:	☐ Student or ☐ Instruct	or Session		Year	
Section II:	Exhibit Proposal Inform	<u>ation</u>			
Proposal D	escription:				
	oice for Exhibit				
Display Re	equirements: Hanging	☐ Other (expla	in)		
		_			
Number of	items in the Exhibit				
Item #	<u> </u>		<u>Dimension</u>		Maintenance Requirements
1. 2.					
3.					
4					
4. 5.					
				anian, 613 E. Broady	vay. Room 120. Glendale. CA 91206
	Submit Application To : CSP	Administration Office	e, C/O Teresa Aleks		vay, Room 120, Glendale, CA 91206
	Submit Application To : CSP By my signature below	Administration Office	e, C/O Teresa Aleks m eighteen (18)	years of age or o	older.
	Submit Application To : CSP By my signature below	Administration Office	e, C/O Teresa Aleks m eighteen (18)	years of age or o	
5.	Submit Application To: CSP By my signature below I am under the age of e	Administration Office	e, C/O Teresa Aleks m eighteen (18) ss. My parent/g	years of age or o	older.
5. Signature	Submit Application To: CSP By my signature below I am under the age of e	Administration Office I certify that I and ighteen (18) year Name Printed	e, C/O Teresa Aleks m eighteen (18) ss. My parent/g	years of age or o	older. I this form with me and below is his/her
Signature Signature of I	Submit Application To: CSP By my signature below I am under the age of e signature Parent or Guardian	Administration Office I certify that I and ighteen (18) year Name Printed of Name of Paren	e, C/O Teresa Aleks on eighteen (18) es. My parent/g	years of age or o	older. I this form with me and below is his/her Date Date
5. Signature Signature of I	Submit Application To : CSP By my signature below I am under the age of e signature Parent or Guardian	Administration Office I certify that I and ighteen (18) year Name Printed of Name of Paren	e, C/O Teresa Aleks on eighteen (18) es. My parent/g or Typed or Typed or Guardian Pri	years of age or of uardian has read noted or Typed	Date Date Date Date
5. Signature Signature of I Date Submi	Submit Application To: CSP By my signature below I am under the age of e signature Parent or Guardian itted: n of Class Enrollment: Safa	Name Printed Name of Paren O Pari Receipt Numb	e, C/O Teresa Aleks m eighteen (18) ss. My parent/g or Typed at or Guardian Pri ffice Use ON	years of age or of uardian has read noted or Typed	Date Date Date Approved
5. Signature Signature of I Date Submi Verification Facility:	Submit Application To : CSP By my signature below I am under the age of e signature Parent or Guardian itted: n of Class Enrollment: Safa Location(with	Administration Office I certify that I and ighteen (18) year Name Printed of Name of Paren Output The Receipt Numble of Pacific Receipt Numble of Pacific Numble of Pacific Numble of Pacific Receipt Numble Numble Numble Receipt Numble	e, C/O Teresa Aleks m eighteen (18) ss. My parent/g or Typed at or Guardian Pri	years of age or of uardian has read nated or Typed LLY: Session:	Date Date Date Date