

**Printmaking Council of New Jersey
Studio and Darkroom Use Approval Form**

Requirements:

- Current member of the Printmaking Council of New Jersey.
- Participation in review of studio procedures.
- Resume and/or record of training or relevant studio experience.
- Acceptance of Studio and/or Darkroom Policy and Safety Rules

Name: _____

Address: _____

Phone: _____ email _____

In Case of Emergency Contact:

Name: _____ Phone (cell): _____

Relationship: _____ Phone (home): _____

Please list formal studio training. Please include dates, duration and instructors. (Use back of sheet if needed):

Please list experience with equipment used:

I have read the Safety Rules and Studio Policy sheet and have filled out this form to the best of my knowledge.

Signature: _____ Date: _____

Please return to Printmaking Council of NJ, 440 River Rd, Somerville, NJ 08876, 908-725-2110

Approved: _____ Date: _____