



GUAM COUNCIL OF THE ARTS & HUMANITIES AGENCY
Kaha I Kutturán Guahan
 P.O. Box 2950 Hagatna, Guam 96932
 Ph. (671) 300-1204-08 Fax: (671) 300- 1209

Honorable Lourdes Leon Guerrero
Maga 'hága'
 Governor of Guam

Honorable Joshua Tenorio
Sigundo Maga 'láhi
 Lieutenant Governor of Guam

Sandy S. Flores
Eksákátibu Direktot
 Executive Director

ARTIST DIRECTORY REGISTRATION FORM

1. Artist / Organization Name: _____
2. Contact Person: (If registered as an organization): _____ Title: _____
3. Mailing Address: _____
4. Email Address: _____
5. Cell No.: _____ 6. Other Contact No.: _____
7. Discipline (MARK All that apply):

_____ Arts Organizations	_____ Literature / Humanities	_____ Media Arts
_____ Arts Representative	_____ Visual Arts	_____ Classes / Workshops
_____ Folk Arts	_____ Performing Arts	_____ Other: _____

8. Description of art or art service(s):

9. Forms can be emailed at: info@caha.guam.gov

10. PROPERTY, INFORMATION AND PHOTO RELEASE FORM

I, (print your name) _____ hereby authorize the Guam Council on the Arts and Humanities Agency, hereinafter referred to as "GCAHA" to publish my contact information listed above in the CAHA Artist Directory in both print and digital form. I also agree to allow GCAHA to use the images I have supplied for the purpose of illustration my work in the Artist Directory and on the GCAHA website.

I understand that by authorizing the publishing my contact information in the Artist Directory that I may receive inquiries from potential clients interested in my work.

I further acknowledge that participation is voluntary and that I, m successors and assigns will receive no financial compensation of any type associated with the taking or publication of these images. I acknowledge and agree that publication of said images confers no rights of ownership or royalties whatsoever.

I hereby release GCAHA, its contractors, its employees and any third parties involved in the creation or publication of the GCAHA Artist Directory or GCAHA Website from liability for any claims or any third party in connection with the use of the images listed below.

AUTHORIZATION

Print Name: _____

Signature: _____ Date: _____

(PLEASE SIGN)

Parent or Guardian's Signature (if under 18 years of age)

Signature: _____ Date: _____