

Self Help Graphics & Art

3802 Cesar E. Chavez Avenue
Los Angeles, CA 90063
(323) 881-6444

Self Help Graphics & Art Etching Lab Agreement

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Emergency Contact: _____ Relation: _____

Phone (____) _____

Years of print making experience? _____

Are you interested in being an etching lab monitor? YES/ NO

Are you interested in teaching a workshop? YES/ NO

_____ Please initial if you have received and read the Policy and procedures for the SHG etching studio.

_____ I understand that monthly payment for lab fees should be made by check or money order only.

NO cash. **Payable to Self Help Graphics & Art.**

By signing this document, I agree to the SHG Policies and Procedures of the Etching lab, a copy of which is attached herewith. Self Help Graphics & Art is not responsible for the safety or insurance of any items belonging to the applicant listed above. All monthly payments are due at the first of the month and are non-refundable. This membership is for applicant only. Applicant will not share or invite guest to use the space and equipment. SHG reserves the right to refuse and or terminate at anytime applicant's participation in the etching lab program.

Signature _____ Date _____

THIS AREA FOR SHG USE ONLY

Membership Accepted: YES/ NO Monitor initials: _____ Date: _____

Demo needed: YES/ NO Next Demo Date: _____ Demo Monitor's Signature: _____

SHG Staff initials: _____ Date: _____