



Chesterton Art Center

ART VISIT FORM

Art Visits invite small groups of all ages to the Center to enjoy a private gallery tour with engaging grade-appropriate discussions, followed by a unique, hands-on art project inspired by the current exhibit on display.

Name: _____

Group/Organization: _____

Email: _____

Phone number: _____

Date of Visit: _____

Headcount: _____

Ages/Grade (if applicable) _____

Additional Information

COMPLETED BY CAC PROGRAM DIRECTOR

Current Exhibition _____

Project _____

Payment Amount _____

Date Paid _____



Chesterton Art Center
115 S. 4th St., Chesterton, IN 46304
219-926-4711

Student Photo/Video Release

The Chesterton Art Center (CAC) has my permission to use my and/or my child's photograph or video image to publicly promote CAC. I understand that the images or videos may be used in print publications, online publications, social media and the CAC website. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature (*if under 18*): _____ Date: _____

Parent/Guardian Printed Name (*if under 18*): _____

Student Name: _____

Phone: _____



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