



REGISTRATION FORM

St. Augustine Plein Air Paint Out

APRIL 20 - 26, 2020

REGISTRATION

Complete, sign and return this registration form with payment to: 22 Marine Street, St. Augustine, FL 32084 OR info@staaa.org. If sent by mail, the postmark date must be by April 9, 2020.

REGISTRATION FEE

\$65 - Registration fee includes: Access to paint on approved private properties during the event; Access to the STAAA Wet Room; Discounted parking at approved lots; Social gatherings & enrichment activities; Free entrance to select attractions; Refreshments; Artist Materials and more!

Name _____ Primary Phone _____

Address _____

City _____ St _____ Zip _____

Email _____ Medium _____

Website or Social Media _____

★ STAAA Membership (Optional)

Join the St. Augustine Art Association or renew your membership! STAAA Members receive discounts on exhibit entry fees (including the Plein Air "Where Art Meets History" Exhibit), art sale commissions (including Plein Air Sales) and workshops; Exclusive member exhibits, Monday Night Figure Drawing, VIP events and more!

- \$55 — STAAA Individual Membership \$65 — STAAA Family Membership

★ Please sign me up for the following Plein Air Events

- Orientation/Meet & Greet (Apr. 20, 5:30pm; light hors d'oeuvres) Awards & Patron's Preview (May 1, 5:30pm)
 Quick Draw (Apr. 26, 2pm) I would like to volunteer during the event.
 Wrap Party (Apr. 26, 5:30pm; Pizza Party)

Agreement

I have read the rules & guidelines for the 2020 St. Augustine Plein Air Paint Out & agree to abide by them. By submitting the registration form, I hereby discharge, release and hold harmless the St. Augustine Art Association (STAAA), its employees, committees, volunteers, sponsors, and the City of St. Augustine of and from any and all manner of actions, suits, damage or claims whatsoever arising from any loss or damages or claims to the person or property of the applicant or anyone's property in the applicant's possession or supervision during the term of the 2020 St. Augustine Plein Air Paint Out Event & Exhibit.

ALL FEES ARE NONREFUNDABLE. Artists MUST ONLY work in permitted areas of St. Augustine.

I understand that failure to comply with the rules set forth by STAAA may result in expulsion from this and future events and that event management will make final interpretation of rules.

Signature _____ Date _____

Form of Payment

- Check VISA MasterCard Discover

Card # _____ Exp. Date _____

Name on Card _____ Amount \$ _____

(Make checks payable to the St. Augustine Art Association)