

# SCOTTSDALE ARTISTS' SCHOOL

## MODEL REQUEST FORM: **Multi-Week Classes**

Instructor Name: _____	Phone: _____	Email: _____		
Class Title: _____	Start Date: _____	End Date: _____	Day: _____	Time: _____

Please **complete this form and submit it to** Athene Kelly at [akelly@scottsdaleARTschool.org](mailto:akelly@scottsdaleARTschool.org) or call 480 990-1422 ext. 212 if you have questions.

Please submit your request **ASAP**. *We schedule models 3-4 weeks in advance if possible, so your prompt attention is appreciated.*

**NOTE:** The School must have 48 hours' notice of any change in the model request (including cancellations or additions). The School still must pay a model for the time scheduled if you cancel him/her with less than 24 hours' notice.

DATE	# of MODELS*	MALE/FEMALE**	CHARACTERISTICS**	NUDE, PORTRAIT or COSTUMED
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				

\*Scottsdale Artists' School will provide 1 model for up to 11 students and 2 models for 12-18 students

\*\*Scottsdale Artists' School will make every effort to fulfill your requests but we are unable to guarantee very specific requests.