



STUDIO SPACE APPLICATION FORM

(please read additional guidance notes before completing this form)

Send this form along with 4 images (slides, photographs, CD etc.) of recent work to:

The Mushroom Works
St Lawrence Road
Newcastle upon Tyne
NE6 1AR

PERSONAL DETAILS

Name	
Address	
Telephone	
Mobile phone	
Email	
Website	
How did you hear about the Mushroom Works?	

ABOUT YOUR PRACTICE

(please complete all sections and continue of separate sheet in necessary)

Description of your practice	
What materials and equipment will you be using?	
How Long have you been in business?	
How often do expect to be using your studio?	
Do you have any special needs or requirements with regard to facilities and access?	

To the best of my knowledge and belief the information given in this form is correct.

Name: _____

Signed: _____ Date: _____