

ARTERY: ON SITE ART REGISTRATION FORM 2017

INSTALLATION NAME:

TYPE OF ART: WALK-IN ART

PLEASE TELL US ABOUT YOU & YOUR PROJECT;

ARTIST NAME: _____

PADDOCK NAME: _____

CREW NAME (if applicable): _____

CAMP NAME/LOCATION/LANDMARKS: _____

ARTIST EMAIL ADDRESS: _____

ARTIST HOME ADDRESS: _____

ARTIST PHONE NUMBER: _____

PHYSICAL DESCRIPTION: Please describe your art piece as clearly as you can; what does it look like, what is it about? How will participants interact with it?

Please tell us about your;

ILLUMINATION PLAN:

SOUND INTERFERENCE?:

MOOP PLAN?

NEXT SECTION TO BE FILLED IN BY ARTERY STAFF

MAP COORDINATES _____ MAP NUMBER: _____

SAFETY INFO:

Structure Height: _____ Requires inspection?: Yes/No

Generator at art sight: Yes/No # of Generators _____ Quantity of Fuel Stored _____ L

THERE CAN BE NO WALK-IN/ON-SITE REGISTRATION OF FLAME EFFECTS OR OPEN FIRE PROJECTS, THESE PROJECTS REQUIRE PRE-EVENT APPROVAL

CHECK IN/OUT DETAILS

CHECK IN DATE: _____

CHECKED IN BY: _____

ANTICIPATED DISMANTLE DATE: _____