

**MODEL – ART CLASSES (Please print clearly)**

For payment and tax purposes, please let us know a little bit about yourself.

**1. Full Name:**

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**2. Address:**

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**3. E-mail address:**

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**4. Phone Number:**

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**5. Social Security Number (SSN):**

***\*\*If you have modeled for CHAW before, write in “on-file”\*\****

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If you have any questions, please contact the Capitol Hill Arts Workshop’s bookkeeper, Theresa Moller at [theresa@chaw.org](mailto:theresa@chaw.org).

Modeling Rate: \$20.00 per hour

Dates of Service:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Art Teacher Signature: \_\_\_\_\_