



Honorable Lourdes Leon Guerrero
Maga'håga'
Governor of Guam

Honorable Joshua Tenorio
Sigundo Maga'låhi
Lieutenant Governor of Guam

Jillette Leon Guerrero
Eksåkkåtibu Direktot
Executive Director

DIRECTORY REGISTRATION FORM

1. ARTIST / ORGANIZATION NAME: _____
2. Contact Person (if registered as an organization): _____ Title: _____
3. Mailing Address: _____ 4. Email Address: _____
5. Cellphone No: _____ 6. Other Contact No: _____
7. Discipline (Mark All that apply):

<input type="checkbox"/> Arts Organizations	<input type="checkbox"/> Literature / Humanities	<input type="checkbox"/> Media Arts
<input type="checkbox"/> Arts Representative	<input type="checkbox"/> Visual Arts	<input type="checkbox"/> Classes / Workshops
<input type="checkbox"/> Folk Arts	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Other: _____

8. Description of art or art service(s):

9. Property, Information and Release:

I, (print your name) _____ hereby authorize the Guam Council on the Arts and Humanities Agency, hereinafter referred to as "CAHA", to publish my contact information listed above in the CAHA Artist Directory in both print and digital form. I also agree to allow CAHA to use the images I have supplied for the purpose of illustrating my work in the Artist Directory and on the CAHA website.

I understand that by authorizing the publishing my contact information in the Artist Directory that I may receive inquiries from potential clients interested in my artwork.

I further acknowledge that participation is voluntary and that I, my successors and assigns will receive no financial compensation of any type associated with the taking or publication of these images. I acknowledge and agree that publication of said images confers no rights of ownership or royalties whatsoever.

I hereby release CAHA, its contractors, its employees and any third parties involved in the creation or publication of the CAHA Artist Directory or CAHA Website from liability for any claims by me or any third party in connection with the use of the images listed below.

AUTHORIZATION

Printed Name: _____

Signature: _____ Date: _____

(PLEASE SIGN)

Parent or Guardian's Signature (if under 18 years of age):

Signature: _____ Date: _____