

**Cowichan Valley Performing Arts Foundation**

**Studio/Service Provider Registration Form**

**If you have previously completed this form, please advise of any changes since that time on the form below**

**Contact Information**

Name of Business:	Program/Instructor(s):
Address:	
Phone:	Email:
Website:	
Business Registration No:	

**Studio/Program Information** (please attach any brochures, cards, etc. you may have regarding your program)

What types of activities do you offer? \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

What are your current fees? \_\_\_\_\_

Are you a member of any professional associations? (please list): \_\_\_\_\_

Please provide two references who have participated in your past programs/activities/lessons:

Name:	Phone:
Name:	Phone:

If asked, would you be willing to complete a criminal record check? (please circle)    YES    NO  
Would you be willing to become a member of CVPAF? (please circle)                YES    NO  
Would you be willing to volunteer for events? (please circle)                    YES    NO

All service providers who receive funds for individual participants must agree to the following:

- To report any participant absences to the Cowichan Valley Performing Arts Foundation
- To participate in the program evaluation process
- To report a change in fee structure

\_\_\_\_\_  
Signed (name and title)

\_\_\_\_\_  
Date