



Youth Arts Council Application

Last Name _____

First Name _____

Age _____

Date of Birth _____

Home Phone _____ Cell Phone _____

E-mail _____

Facebook _____ Twitter _____

Address _____

City _____ State _____ ZipCode _____

School _____

Arts activities you participate in

Arts activities you are interested in

Extracurricular Activities

Why would you be a good addition to the Youth Arts Council?

I am interested in (check one):

- Being a Council Member Participating in Activities

The Council meets the First and Third Tuesday of every month from 4-5 PM at the ArtsPlace.

Please return applications to LexArts at 161 North Mill Street Lexington, KY 40507, fax to 859 255-2787, or email to Nathan Zamarron at nzamarron@lexarts.org