



## Book a Residency

Name \_\_\_\_\_

School/Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Preferred Dates of Residency \_\_\_\_\_

Your Vision for this Residency/Questions \_\_\_\_\_

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For more information email [spaton55@gmail.com](mailto:spaton55@gmail.com) or call (802) 999-4255