



Truck Studio Reservation Request

Organization Information:

Organization Name: _____

Organization Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Email: _____

Event Information:

Event theme and/or purpose: _____

Any special requests for art activities? _____

**There may be an additional supply fee is based on the size of the event and/or the type of art activity.*

Event contact person (if different from above): _____

Event contact phone (if different from above): _____

Event contact person cell phone on day of event: _____

Date of event: _____ Times of event: _____

Start and End Times requested for Truck Studio activities: _____

Event Location Address (if different from above): _____

***There is an additional fee of \$100 for all events outside the City of Milwaukee.**

This is an: Indoor event _____ Outdoor event _____

For outdoor events, please indicate whether there is a contingency plan in case of rain:

Will at least two banquet size tables (4x6 feet) be provided? _____

Can the Truck Studio be parked next to the art making tables? _____

If no, please provide parking instructions _____

Please include any other directions or information that may be useful to our staff:

Participant Demographics:

Expected # of participants: 0–5 years old: _____ 6-10 years old: _____

11-18 years old: _____ Adults (18 and up): _____

Pricing:

We ask a non-refundable \$100.00 reservation deposit. Checks may be made payable to Artists Working in Education, Inc., 4315 W. Vliet St., Milwaukee, WI 53208. The deposit is applied to the total fee. The balance is due on or before the event date. The fee (less the deposit) will be refunded if cancellation occurs two or more weeks prior to the scheduled event.

Number of event hours requested: _____ (check rate below)

501c3 rates:

_____ \$165/hour for two hours or more
(\$66.7/hour is tax deductible)

For-Profit/ Corporate rates:

_____ \$240/hour for all events

\$_____ Additional \$100 fee for events outside the City of Milwaukee

\$_____ **Additional Supply fee** (based on size of event and activity chosen)

\$_____ Total amount due

\$_____ Amount enclosed (subtract from total amount due)

\$_____ Balance Due

The invoice should be sent to:

Name: _____

Address: _____

(If different from organization address)

How did you hear about A.W.E.? (Circle all that apply)

- | | | |
|-------------------------------|--------------|--------|
| Flyer or saw the Truck Studio | Newspaper Ad | Friend |
| College Placement Service | Email | Other |

Event Representative (please print name) _____

Representative Signature _____ Date _____

AWE Signature _____

Thank you for including children’s art at your event!

Please fax or mail a signed copy to A.W.E.

A.W.E., Inc. • 4315 W Vliet St. • Milwaukee, WI 53208
(414) 933-3877 • reanna@awe-inc.org • www.awe-inc.org