

TEXAS FOLKLIFE APPRENTICESHIP IN THE FOLK & TRADITIONAL ARTS PROGRAM
SIGN-UP FORM

Name of Master Artist _____

Address _____

City _____ State _____ ZIP _____ County _____

Work/Cell Phone _____ Home Phone _____ Email _____

Name of Apprentice _____

Address _____

City _____ State _____ ZIP _____ County _____

Work/Cell Phone _____ Home Phone _____ Email _____

Tradition to be taught/studied _____

Years studied _____

Please provide a brief of description of the tradition: Who did you learn it from? How did you learn it?
