

FORMULAIRE D’INSCRIPTION

Exposition « Courants d’ART »

Du 17 mai au 27 septembre 2025

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| *Nom:* |  | | | |  | |
|  |  |  | |  | | | |
| *Prénom :* |  | | |  | | | |
|  |  |  | |  | | | |
| *Nom d’artiste :* |  | | |  | | | |
|  |  |  | |  | | | |
| *Nom de l’atelier :* |  | | |  | | | |
|  |  | | |  | | | |
| *Technique :* |  | | *Matériaux :* |  | | | |
|  |  | | |  | | | |
| *N° SIRET:* |  | | |  | | | |
|  |  | | |  | | | |
| *N° Maison des Artistes :* |  | | |  | | | |
|  |  |  | |  | | | |
| *Autres :* |  | | |  | | | |
|  |  |  | |  | | | |
| *Assurance* ***:*** |  | | | | | | |
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|  |  |  | |  | | | |
| *Adresse :* |  | | | | | | |
|  |  |  | |  | | | |
| *Code postal:* |  | *Ville:* | |  | | | |
|  |  |  | |  | | | |
| *N° Téléphone :* |  | *N° Téléphone :* | |  | |  | |
|  |  |  | |  | | | |
| *Site Web :* |  | | |  | | | |
|  |  |  | |  | | | |
| *Mail:* |  | | |  | | | |
|  |  |  | |  | | | |
| *Blog:* |  | | |  | | | |
|  |  |  | |  | | | |
| *Réseaux sociaux:* |  | | |  | | | |
|  |  |  | |  | | | |
| *Réseaux sociaux :* |  | | |  | | | |

Le: à :

Signature: