

CCA Gallery Artist Docent Decline

Artist Name:	
Email:	
Phone:	Date:
Signature:	

The CCA Gallery is non-profit cooperative and we need each and every active artist to work as a docent in order to keep our doors open.

If you are unable to perform this duty due to health reasons we will gladly accept payment of \$20 to help offset gallery costs.

Thank you for your consideration.

I am unable to volunteer as a docent because:

My health prevents me from doing the job

I live more than 30 miles away

I'll be out of town for the duration of the show

Other _____

RECEIPT TO: Bookkeeper	
Date:	From:
<input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> credit card	\$20 Account 4050

RECEIPT TO: Gallery Artist		\$20
Date:	From:	
<input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> credit card		