



MICHAEL B SCHWARTZ LLC

Arts Based Solutions to Community Needs: *Expect More*



MBSarts@gmail.com © 267-266-6822 (s) 520-791-9359 www.MichaelBSchwartz.com

GENERAL REQUEST FOR SERVICES FORM

Return to: MBSarts@gmail.com

MBSarts LLC Service Statement: Providing the finest in Community Arts and Engagement Services, including original murals, paintings, drawings, installations and live arts.

Once we receive this form we review the project and contact you within 10 business day.

REQUEST FOR SERVICES MADE BY:

DATE: _____

NAME: _____

ORGANIZATION/BUSINESS: _____

EMAIL: _____ PHONE: _____ Secondary

Phone: _____ Website: _____

Sign Me Up for the MBSarts Newsletter

Please Indicate the Services You Are Requesting

1) Studio Practice

I am interested in: Painting Drawing Installation Illustration Other

Purchase a Work of Art On Website

Schedule a Studio Visit

Exhibit the work of Michael B. Schwartz

Schedule the artist for a Live Arts Event

2) Murals and Public Art

Commission a Mural (*Also See: Mural Services Form*)

Mural: (Interior Exterior Dimensions (H) _____ (W) _____ (Depth) _____

Mural Surface: _____

Mural Maintenance or Repairs

Mini Mural

Mobile Mural

Neighborhood Mural

(3-D) Artistically Designed Amenity

(3-D) Work of Public Art

Reserve a Mural Tour (*Also See: Mural Tours Form*)

Take a Walking Mural Tour (downtown) \$250.

Take a City Wide Mural Tour: Two Hours (client provides vehicles) \$500.

Special Services

Day of Arts Service

Walk Up Art Station

Live Arts

3) Consultation Services*

1 Hour Consultation \$120.

Planning your Community Arts Event, Community Cultural Development Plans

Portfolio Review \$100.

4) Request Teaching Artist Services*

- Tutoring (drawing, painting) \$90 hour x ___ hours \$ ___
- Arts in the Workplace
- Mural Masters™
- Creative Community Builders™
- Jewels of Knowledge™
- Visiting Artist, Workshop (*price includes prep time*)
- 1/2 Day \$900. \$ ___
- Full Day \$1800. x ___ Number of Days \$ ___
- Lecture/Presentation Speaking Fee:

I am Requesting following Date(s)/ Time(s):

- Choice 1: Date(s): _____ Time(s) _____
- Choice 2: Date(s): _____ Time(s) _____
- Choice 3: Date(s): _____ Time(s) _____

Group or Organization: _____

Location of Event: Address: _____

City: _____ State: ___ Zip Code: _____

Number of people in your party: _____

*Video Services Available

Payment Methods

\$ ___ Deposit

\$ ___ Full Payment

___ Payment Plan: \$ ___ per month for ___ months.

___ Please Invoice Me



Name on Card: _____

Address: _____

City: _____ State: ___ Zip Code: _____

CREDIT (Circle): Visa MasterCard AMEX Discover

Card #: _____

Code: _____ Exp: ___/___ Add 3% to cover processing fee?: Yes No

Name if different above: _____

Address if different above: _____

1) **Check** send to: "Michael B Schwartz" P.O. Box 545 Tucson, AZ 85702

2) **Online** via Paypal. at www.MichaelBSchwartz.com

3) **Email** Fill/Return this form as a PDF to: MBSarts@gmail.com