

## Designer Submission Form

|   |   |
|---|---|
| Name  |   |
| Address   |   |
| City, State, Zip  |   |
| Cell Number   |   |
| E-mail address  |   |
| (Alumni only)<br>Will you be shipping<br>your garments? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

|  |   |
|--|---|
| How many garments will<br>you be submitting?   | _____ (1) _____ (2) _____ (3) _____ (4)                     |
| Artist Statement (How<br>does this fit with our<br>theme)                                |   |
| Who is your target<br>market? (Very<br>important)  |   |
| Do you have models? If<br>yes please email<br>headshots to<br><b>BSCrunway@gmail.com</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |