

PRIMARY T-SHIRT/SHOE MAKER INFORMATION

Please print

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone (eve): _____ (day): _____

NAMES ON ARTWORK Please print: _____

My status as a t-shirt/shoemaker is confidential but I understand I will receive the NCADD-RA newsletter and other communications from Friends of Recovery Monroe County.

- I am already on the mailing list Please do not exchange my name

Also, I am willing to be contacted by NCADD-RA when:

- Media outlets are interested in my story
 Someone requests information about the artwork

OFFICE USE ONLY

Prod. Code: _____

- T-shirt
 Shoe

Date Rec'd: _____

The person I made this artwork for was:

(relationship)

Dates on artwork: _____

I acknowledge that NCADD-RA is the owner of this artwork and any accompanying documents I submit, and I assign to NCADD-RA all right, title, and interest I may have in such artwork and submissions.

Sign: _____

Date: _____