

# Ceramics Studio Firing Program

## Drop-Off Information Form

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

I, \_\_\_\_\_, confirm that I have signed each piece of my pottery and acknowledge that if they are not signed they may be thrown away by a technician.

Number of pieces \_\_\_\_\_

Type of clay \_\_\_\_\_

### Firing Requested (circle one)

Bisque

High-Fire Glaze (CONE 10)

Glaze Used \_\_\_\_\_

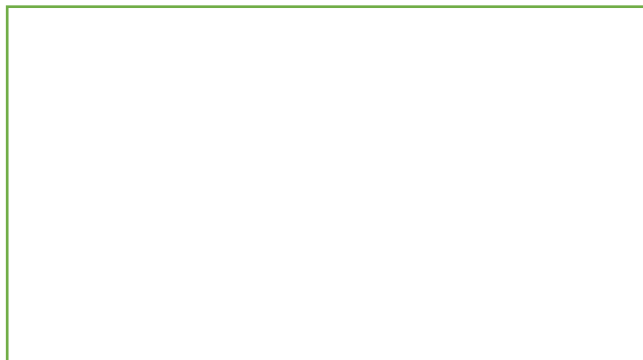
Mid-Fire Glaze (Cone 6)

Glaze Used \_\_\_\_\_

Low-Fire Glaze (Cone 05)

Glaze Used \_\_\_\_\_

**Please draw your signature, stamp, or symbol**



Survey:

What day would you prefer to drop off on? (Circle selection): Mon Tu Wed Th Fri Sa