

# Community Exchange Exhibit Application Form



## Artist Information

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Artwork information

I am submitting (please check)

CD

slides

photos

### Artwork # 1

Title: \_\_\_\_\_

Medium: \_\_\_\_\_ dimensions: \_\_\_\_\_

Price: \_\_\_\_\_

### Artwork # 2

Title: \_\_\_\_\_

Medium: \_\_\_\_\_ dimensions: \_\_\_\_\_

Price: \_\_\_\_\_

### Artwork # 3

Title: \_\_\_\_\_

Medium: \_\_\_\_\_ dimensions: \_\_\_\_\_

Price: \_\_\_\_\_

### Artwork # 4

Title: \_\_\_\_\_

Medium: \_\_\_\_\_ dimensions: \_\_\_\_\_

Price: \_\_\_\_\_

### Artwork # 5

Title: \_\_\_\_\_

Medium: \_\_\_\_\_ dimensions: \_\_\_\_\_

Price: \_\_\_\_\_

**Please circle your top three preferences of month for your exhibit: (PREFERENCE NOT GUARANTEED)**

Jan 10	Feb 10	Mar 10	Apr 10
May 10	Jun 10	July 10	Aug 10
Sept 10	Oct 10	Nov 10	Dec 10

**On average, how many pieces do you have available?** (please circle) 10-15 16-20 20-30 30+

**What is the average size of your work?** S (8x10) M (16x20) L (24x36+)

**Please number your top venue preferences 1-4** (preference not guaranteed)

Cameron Village Library \_\_\_\_\_ Duke Raleigh Hospital \_\_\_\_\_ United Arts Council (MJH Gallery) \_\_\_\_\_

## Application check list

CD/slides/photos

Artist statement & resume

SASE

I have read and agree to abide by all VAE policies as posted. Failure to abide by VAE policies may result in immediate termination of your exhibition and ineligibility for other VAE programs (such as the Exchange Gallery) for one year. **ALL ARTWORK NOT RETRIEVED BY THE STATED DEADLINE WILL BE CHARGED A \$5 PER DAY PER PIECE STORAGE FEE THAT MUST BE PAID IN FULL BEFORE THE ARTWORK IS RETURNED.**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_