**IMPRESSIONS GALLERY**

**ARTIST APPLICATION**

Name: Date:

Address:

City: State/Zip code:

Cell Phone: Other Phone:

Email:

Website (if applicable):

Artist medium:

How many pieces do you have ready to exhibit/sell that you can present to us?

Price range of pieces to sell:

Would you be willing to conduct classes/workshops in your area of expertise? □Yes □No

 If yes, please list your class preference and age range of attendees:

What locations (galleries, storefronts, restaurants, etc) do you currently show your work? Please list all locations by name and number of art pieces presented in each location.

**Please attach your Artist Biography and digital photos (maximum of 8) of your artwork**. Please note that the jury will determine the art selected from samples. Review the **Art Exhibit Procedures** document for more information.

**For Impressions Gallery Team use**

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Received by Date Received $25 Application Fee Paid

 □Cash □CC □Check

□Accepted □Not Accepted at this time

Notes: