



Artist Application to Exhibit

Please complete the following application:

Artist Name: _____

Address: _____

Contact Phone: _____

Email: _____

Website (if applicable): _____

Please provide a brief artist statement/biography.

Description of work you wish to exhibit. Please use separate sheets for additional pieces submitted.

- I have read and agree to abide by Gallery-Artist Consignment Agreement (attached). Please send your completed application; \$35 entry fee (non-refundable) for up to three entries; submission slides/photos; contact information; description of artwork; and brief artist statement to:

The Mayflower Arts Center
9 West Main Street
Troy, OH 45373
937.552.5848
MayflowerArtsCenter@gmail.com