



**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; submission slides/photos; contact information; description of artwork, and brief artist statement to:

**The Mayflower Arts Center**  
9 West Main Street  
Troy, OH 45373  
937.215.5257  
MayflowerArtsCenter@gmail.com