



2020
Artist Exhibition Series Application
Alcove Gallery
Student and Emerging Artists
Cover Sheet

Name(s) of Applying Artists					
Primary Contact Name:					
Street Address:					
City, State, Zip					
County					
Email Address					
Primary Phone Number					
Alternate number for after hours, if needed.					
Have you exhibited at Athens Arts Gallery, if yes, when?					
Type of Media					
Proposed Title of your show					
Images in this application will be the same as in the proposed show (Yes/No)					
Images in this application are similar to what will be exhibited in the show (Yes/No)					
If chosen, you give permission to Athens Arts Gallery for use of your images for publicity: online and print.	<table border="1"> <tr> <td>Print:</td> <td></td> </tr> <tr> <td>Signature:</td> <td></td> </tr> </table>	Print:		Signature:	
Print:					
Signature:					

Attachments:

A. Exhibition proposal	
B. Images	
C. Biography	
D. Letter of first and second choice of exhibit dates	

Please submit all pages by attachment to: **director@athensartsgallery.com**

Questions: 765- 362-7455

113 N. Washington St.

Crawfordsville, IN 47933