



ART EXHIBIT APPLICATION

Thank you for your interest in exhibiting at the Colonial Center. Please complete the following application and return it with the rest of your submission materials.

Date: _____ Artist: _____

Organizational Affiliation (if any): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Total Number of Pieces: _____

Type or Name of Exhibit: _____

Preferred Installation Date: _____ Time: _____ Removal Date: _____ Time: _____
 (Exhibits are typically displayed for one month.)

The Colonial Center does not accept liability for damages, losses or theft to the materials exhibited. Most homeowners insurance policies cover personal property located off-site.

Item #	Artist	Title	Description/Media	Declared Value
1				
2				
3				
4				
5				

I (we) have read, understand, and agree to comply with the regulations of the Colonial Center regarding exhibits on the premises.

Artist Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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