



## 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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