



**GLADSTONE COMMUNITY CENTER
PUBLIC ART SPACE**



ARTIST EXHIBITION APPLICATION

Date: _____

Artist Name: _____
(as it should appear in printed materials, programs, nametags and publicity)

Street Address: _____

City, State, Zip: _____

Remittance Address (if different from above): _____

City, State, Zip: _____

Daytime Phone: _____ Home Phone: _____

Cell Phone: _____

E-Mail Address: _____ Website: _____

Medium/Media to be submitted: _____

Brief resume of educational background, past gallery/exhibit experience, etc:
(may attach separate sheet)

Digital Image (description, media, size & price):

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

Contact Susan Haws 816-423-4089 susanh@gladstone.mo.us

Note: If selected, ✿ Artist will need at least 35 to 40 framed pieces; ✿ Must have hanging wire on each frame; ✿ If an art piece is sold, the Gladstone Community Center (GCC) will receive 30% of the sale – sales will be handled through the GCC.