

CROSSROADS ARTS COUNCIL - SPANNING THE GENERATIONS 2018

EVENT APPLICATION

Fill, print and mail -or- Download blank, open from computer (not in browser), fill, save and email

Artist Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Phone 2: _____

Email: _____

ARTIST CLASSIFICATION

Professional: Person who meets *at least two* of the following criteria:

- 1.) Sold the type of art entered in the exhibition through commercial channels.
- 2.) Exhibited in a professional gallery.
- 3.) Holds professional membership in a guild or association.

Non-Professional: Person who does not meet two of above professional criteria.

Classification: _____ Professional _____ Non-Professional _____ Student

While every attempt will be made to preserve, secure and protect each entry, the sponsoring organizations will not assume responsibility for loss or damages incurred. Entry in show signifies compliance with this waiver.

SUBMISSION LABELS

SUBMISSION #1

Artist: _____

Title of Work: _____

Media: _____ Value: _____ Year Completed: _____

Size: _____

SUBMISSION #2

Artist: _____

Title of Work: _____

Media: _____ Value: _____ Year Completed: _____

Size: _____

SUBMISSION #3

Artist: _____

Title of Work: _____

Media: _____ Value: _____ Year Completed: _____

Size: _____

Either print this form and mail with photos to:

Crossroads Arts Council
ATTN: Art Show
P.O. Box 515
Wentzville, MO 63385

Or download blank form, then open from computer

(not in browser), fill and SAVE it to your
computer and email with digital photos to:
crossroadsartscouncil@gmail.com