

PLEASE TYPE OR PRINT WHEN FILLING IN THE APPLICATION FORM

CONTACT INFORMA Name:	ATION:			
Business name (if app	licable):			
Mailing address:				
Postal code:	Phone:	Email:		
Social media handles:				
EXHIBIT INTENT: Type of exhibit: Sol	o □ Joint (2) □	Group (3 or more) □ Please provi	de # of artists:	
Primary Medium:				
Number of pieces in y	our proposed exhibit:	Size range of pieces:		
Month of preferred e	xhibition date: First choi	ce: Second choice:	Anytime: □	
If you have you exhib	ted at Kawartha Art Galle	ry in the past, please provide the date	2:	
CHECKLIST - SUBMI Application	SSION DOCUMENTS: Ensure all cont	act information is current		
☐ Project Description		Provide a clear description of the concept and focus of the proposed exhibition. (Maximum 250 words)		
□ Artist Biography		Include education, exhibit history, scholarships, awards, and other relevant experience to your art		
☐ Artist Statement	The why and th	The why and the how of your art (Maximum 250 words)		
□ Portfolio	labelled and ac	10 high quality images reflective of the intent of your exhibition. All images must be labelled and accompanied by an image list. Images saved in a jpeg format may be emailed. Printed images or images saved to USB may be mailed or delivered to the Gallery		
□ Image List	To include artis	To include artist name, title of each piece, medium, price and dimension (WxHxD)		

PLEASE NOTE: All exhibiting artists are required to attend and provide an artist talk at their opening reception. A opening reception is a minimum two-hour commitment.

SUBMIT APPLICATIONS VIA:

- Email to: <u>art@kawarthagallery.com</u>
- Mail or in person to: Kawartha Art Gallery, 190 Kent St. W., 2nd Floor, Lindsay, Ontario K9V 2Y6