

Artist Application Artist Alley Exhibit

Main Contact Artist

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

Email _____

General Release

The undersigned does hereby and forever discharge the Columbus Arts Council from all manner of actions, suits, damages, claims, and demands whatsoever in law or equity from any loss or damage to the undersigned's property, while in possession, supervision, or auspices of the Columbus Arts Council, its agents and representatives. The undersigned has read and agrees to comply with all rules printed in this application.

Applicant Signature Date

Please circle the category and check the medium that most closely describes your artwork(s)

- | | | | | |
|------------------------|--------------------------------------|--------------------------------------|---------------------------------------|---|
| A. PAINTING: | <input type="checkbox"/> Oil | <input type="checkbox"/> Acrylic | <input type="checkbox"/> Watercolor | <input type="checkbox"/> Mixed Media |
| B. SCULPTURE: | <input type="checkbox"/> Metal | <input type="checkbox"/> Wood | <input type="checkbox"/> Glass | <input type="checkbox"/> Other |
| C. GRAPHICS: | <input type="checkbox"/> Drawing | <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Printmaking | <input type="checkbox"/> Photography |
| D. CLAY/CERAMIC: | | | | |
| E. JEWELRY | | | | |
| F. TRADITIONAL CRAFTS: | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Furniture | <input type="checkbox"/> Fiber/Fabric | <input type="checkbox"/> Decorative Art |

Please send images by email or CD/DVD/USB (5) high resolution jpg format, 1MB max/image. CD/DVD/USB must be Labeled with the artist's name, phone number, and email address. Or send photographs by mail, size 5" x 7" up to 8.5" x 11", NO video or 3 ring binders.

1. Description: _____
Materials/Technique: _____
2. Description: _____
Materials/Technique: _____
3. Description: _____
Materials/Technique: _____
4. Description: _____
Materials/Technique: _____
5. Description: _____
Materials/Technique: _____

CHECKLIST

- ✓ Completed and signed application.
- ✓ 5 high-resolution images.
- ✓ Stamped self-addressed envelope for returning CD/DVD/USB
- ✓ Artist Resume
- ✓ Short Biography with picture

MAIL SUBMISSION

Mail application to
Columbus Arts Council
P.O. Box 869
Columbus, MS 39705

EMAIL SUBMISSION

artistapplication.columbusarts@gmail.com

QUESTIONS

Contact 662-328-2787
artistdevelopmentcoordinator@gmail.com



Press Release Information

Name of Show:

Artist Website:

Social Media Sites: (write what your social media site is listed under)

Facebook _____

Twitter _____

Instagram _____

YouTube _____

What else is needed?

- a. Artist Biography
- b. Artist Statement
- c. An inventory list provided to CAC 1 week prior to show hanging.
- d. Show must be hang ready

Applications will be reviewed by a committee of your peers. Members of the gallery committee are members of the local art community. Once a decision has been made, you will be notified via letter along with detailed information regarding your show.