

# **Metro Centre Gallery**

## **Application for Exhibit**

Artist Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Web Site Address \_\_\_\_\_

Requested Date of Exhibit \_\_\_\_\_

Type of Exhibit \_\_\_\_\_

Sample of Work Attached (Circle One) YES NO

Artist Statement and Resume Attached (Circle One) YES NO

Artist (Signed Name) \_\_\_\_\_

Artist (Printed Name) \_\_\_\_\_

Date \_\_\_\_\_

Gallery Committee Representative \_\_\_\_\_

Date \_\_\_\_\_

**Please Note: This application must be completed in full and returned along with the signed Policy and Procedure, List for Consideration and 4 x 6 photos of artwork to the Gallery Committee at**

**Community Arts Council  
PO Box 562  
Kankakee IL 60901**