

Gallery Exhibition Application Form

Please type or print neat	<i>1</i> .
Name:	
Address:	
Phone:	Email:
	rk that you would like to exhibit:
(jwestendorff@alleganya	nsions and retail price for each image below:
	return the following information to the physical address or email listed below:
~Completed Exhibition A	plication Form;
. , ,	nages that are representative of the body of artwork that you would like to exhibit in our ndorff@alleganyarts.org) or on CD/DVD; or via Dropbox.

~Your resume, biography and/or artist statement;

~Self-addressed stamped envelope, if you would like your CD/DVD to be returned.

Submission of this application is not a guarantee of acceptance to exhibit. All applicants will receive an acknowledgment from the Allegany Arts Council within 2 weeks. Typically, the galleries are booked a year in advance. If you have a strong preference of either the Saville or Schwab Mountain Maryland Gallery, please state in your description.

Physical address: Allegany Arts Council, 9 N. Centre Street, Cumberland, Maryland 21502. Phone: (301) 777-2787

Thank you!