



The Galleries at The Florence Events Center

Artist Application

Please have artwork clean and ready to hang upon delivery. Thank you.

Show Title or Theme: _____ Show Date: _____

Name or Names of Artist(s) or Group: _____

Group Contact Person, if applicable: _____

Group Mailing Address: _____ Phone: _____

Artist Mailing Address: _____ City: _____ ST: _____ Zip: _____

Artist Email: _____ Artist Phone: _____

WORK #1

Title: _____ Price: _____

Dimensions: H: _____ W: _____ Type of Artwork: _____

Digital Artwork (Enhancements): Yes No: Printing: Traditional Digital

WORK #2

Title: _____ Price: _____

Dimensions: H: _____ W: _____ Type of Artwork: _____

Digital Artwork (Enhancements): Yes No: Printing: Traditional Digital

WORK #3

Title: _____ Price: _____

Dimensions: H: _____ W: _____ Type of Artwork: _____

Digital Artwork (Enhancements): Yes No: Printing: Traditional Digital