



Exhibit Application

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Pagosa Springs, CO 81147
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This application, as well as all items listed on the Application Checklist, must be complete to be considered for review. Return (with your non-refundable application fee of \$10) to the PSAC office or mail to: Exhibit Team, Pagosa Springs Arts Council, P.O. Box 533, Pagosa Springs, Colorado 81147. Please print all information.

Date: _____	_____
Social Security No.: _____	Federal ID No.: _____
Artist's Name: _____	Business Name: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____
_____	_____
Home Phone: _____	Business Phone: _____
Fax: _____	Fax: _____
E-mail: _____	Website: _____
Subject of Art: _____	Media/Material Used in Work: _____
Theme/Title: _____	_____
Minimum Size: _____	Description of Subject/Content of Work: _____
Maximum Size: _____	_____
Price Point Range: _____	_____
No. of pieces in Exhibit: _____	_____
Month(s) you prefer to exhibit: _____	_____
First Choice: _____	_____
Second Choice: _____	_____
Month(s) you cannot exhibit: _____	_____

See attached Application Checklist and Contract.