



Application

CATEGORY:

- | | | | |
|--------------------------------------|-----------|------------------------------------|-----------|
| <input type="checkbox"/> Gallery | [\$95.00] | <input type="checkbox"/> Happening | [\$95.00] |
| <input type="checkbox"/> Other Walls | [\$95.00] | <input type="checkbox"/> Friend | [\$35.00] |

Art Walk Date _____

Venue: _____

Address: _____

Location Telephone Number _____

Contact Person: _____ Email Address: _____

Website Address: _____

TITLE OF EXHIBITION or NAME OF ARTIST(S) to be exhibited:

Exhibition on view thru: _____

Opening Reception Hours: _____

FEES:

Gallery/Happening/OtherWalls [\$95.00] or Friend [\$35.00] \$ _____

additional brochures desired @ \$0.15 each (25 included) \$ _____

Total Amount Due \$ _____

My cash or check payment (payable to ArtWalk Committee) is enclosed

Please charge my credit card: _____

Signature: _____ Exp. Date: _____

**Please return by 6:15 pm on or before the published due date to Robin Cushman
 Galveston Center for Contemporary Art 2501 Market Street, Galveston, TX 77550,
 or call 409.763.2403, or email to robin@galvestonartscenter.org. Thank you!**