



SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

Art Gallery at Southlake Exhibition Application Form

Exhibitor's Name		Artist's Name <i>(if different from Exhibitor's)</i>	
Address		City	
Postal Code	Telephone	Cell	
Website		E-mail Address	
During which six consecutive week period (starting on a Sunday) would you like to exhibit your works?			
1 st choice	2nd choice	3rd choice	

Every effort will be made to fill your 1st choice followed by choice 2 or 3. If this is not possible, would you consider other weeks that are available? Yes No

Please remember to attach:

- Letter, CV or resume that includes the following information:
 - years of experience as an artist
 - list of other galleries or shows where your work has been exhibited
- 10 photographs (digital images preferred– jpg) of recent art work
- A corresponding list with title, medium, size and price for each piece of artwork.

Thank you for your application.

It will be reviewed within 30 days of receipt by representatives of Southlake's Artistic Enrichment Committee.

You will receive a letter and/or phone call and/or email shortly thereafter.