

## ARTISTS' COALITION OF FLAGSTAFF ARTS CONNECTION

Gallery Application					
Name			Date	Date	
Address			Phone		
Cty/st/zip			Email		
Medium/ sheets as	Art/Craft you wish to exhibit (Describe in de needed).	etail the mediur	n/technique/r	naterials. Please attach additional	
Submit 3 p	photographs of current work in .jpg format.	Include title, d	limensions, me	edium. Label and identify each photo	
	Wall Space, 9' x 30", \$40 per month		Center space 7	7'x6', \$60 per month	
	Wall Space 10'x30", \$45 per month		Center Space 7	7'x3', \$30 per month	
	Wall Space 11'x30", \$50 per month	(Space assignment subject to availability and ACF approval)			
	Wall Space 13'x30", \$70 per month		Center Space 7	7'x2', \$20 per month	
	Wall Space, 4.5'x30", \$20 per month				
	Wall Space 5'x30", \$22.50 per month Wall Space 5.5'x30", \$25 per month		Back Wall Space	ce, 7.5' x 30", \$40	
	Wall Space $5.5 \times 30^\circ$ , $525$ per month Wall Space $6.5' \times 30^\circ$ , $535$ per month				
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	nth commitment required. Two s a member of Artist Coalition of Flagstaff. Ca	•		, can be done in half shift increments villing to volunteer for extra committee	

work

My signature verifies my understanding and acceptance of these requirements should I be accepted into the Artists' Coalition of Flagstaff Art Connection Gallery. I understand that submitting this application does not guarantee acceptance.

Artist Signature	Gallery Signature		

Application and photos may be returned to the Arts Connection Gallery, submitted by email to Mack Davis, eagle36rn@gmail.com, or sent by mail to ACF, 2532 N. Fourth St. PMB 246, Flagstaff, Az. 86004