

## ARTIST APPLICATION TO EXHIBIT

Name:	
Business Name:	
Address:	
City:	State:Zip:
Email:	Phone:
Website:	
Title (if applicable) or descript (example: "Flowers", oils, 16 x	nformation for each item submitted for review: tion (if not titled), medium, size and price. x 20 \$100) A minimum of 3 works to a max of 5 or reproductions, original art only.
Entry#1	
Entry#2	
	\$
Entry#3	
	\$
Entry#4	
·	\$
Entry#5_	
	\$
•	artwork be accepted for display and sale at On VAF member in good standing and agree to the
Applicant Signature	Date

On the Hill Gallery 402 Main Street Yorktown, VA 23690 757-369-1108 yorktownartsfoundation@gmail.com