



ARTIST APPLICATION TO EXHIBIT IN THE GALLERY

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number _____

Website: _____

Please provide the following information for each item submitted for review:

Title (if applicable) or description (if not titled), medium and size.

Entry#1 _____ \$ _____

Medium _____ Size _____

Entry#2 _____ \$ _____

Medium _____ Size _____

Entry#3 _____ \$ _____

Medium _____ Size _____

Entry#4 _____ \$ _____

Medium _____ Size _____

Entry#5 _____ \$ _____

Medium _____ Size _____

I understand that should my artwork be accepted for display and sale at On the Hill Gallery, I must be a member in good standing and agree to the terms of the Artist's Contract.

Applicant Signature

Date

On the Hill Gallery, 5308 George Washington Memorial Highway, Yorktown, VA 23692

PO Box 657, Yorktown, VA 23690

www.onthehillgallery.com

(757) 369-1108

Revised 9/29/2025